

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Franklin (Frank) D. Moss

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,950.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 1,189.90

4. TOTAL POLITICAL EXPENDITURES

\$ 13,049.35

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

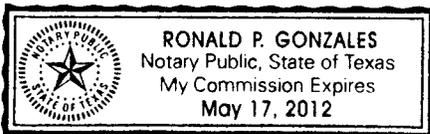
\$ 7,190.96

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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 19 day of July, 2011, 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:

1/2

2 FILER NAME

Franklin (Frank) D. MOSS, Sr.

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/11/2011

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

Hammer and Nail Club

6 Contributor address; City; State; Zip Code

7001 Boulevard 26, Suite 323
Fort Worth, Texas 76180

7 Amount of contribution (\$)

200.00

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

5/9/2011

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

Q PAC

Contributor address; City; State; Zip Code

301 Commerce, Suite 3200
Fort Worth, Texas 76102-4150

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

5/10/2011

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

Chesapeake Energy for Texas PAC

Contributor address; City; State; Zip Code

815 Brazos St. Ste # 106
Austin, Texas 78701-9996

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/2011

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

Greater Ft. Worth Real Estate Co. PAC

Contributor address; City; State; Zip Code

301 Commerce St. Suite 2400
Fort Worth, Texas 76102

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/7/2011

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

Arnold Gachman

Contributor address; City; State; Zip Code

1229 Shady Oaks Lane
Fort Worth, Texas 76107

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Franklin (Frank) D. Moss</i>		3 ACCOUNT # (Ethics Commission Filers) <i>2/R</i>	
4 Date <i>6/9/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John M. Stevenson</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1207 Hillcrest St. 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	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>1/1</i>	
2 FILER NAME <i>Franklin (Frank) D. Moss</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>5/14/2011</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fort Worth Professional Fire Fighters</i>	7 Amount of contribution (\$) <i>964.12</i>	8 In-kind contribution description (if applicable) <i>Labor for sign construction and walking the community</i>
6 Contributor address; City; State; Zip Code <i>3855 Tulsa Fort Worth, Texas</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5/14/2011</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fort Worth Professional Fire Fighters</i>	Amount of contribution (\$) <i>74.70</i>	In-kind contribution description (if applicable) <i>Tee shirts</i>
Contributor address; City; State; Zip Code <i>3855 Tulsa Fort Worth, Texas</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 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: 1/13	2 FILER NAME Franklin (Frank) D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/5/2011	5 Payee name Franklin (Frank) D. Moss
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 5625 Eisenhower Dr. Fort Worth, Texas 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Expense	(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 5/6/2011	Payee name Meadowbrook News
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Amount (\$) 215.00	Payee address; City; State; Zip Code P.O. Box 24264 Fort Worth, Texas 7612
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/6/2011	Payee name Carthenta Harris
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Amount (\$) 173.00	Payee address; City; State; Zip Code 3950 Garrison Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T) Contractual Services
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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 5/6-2011	Payee name Kathryn Kellough
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Amount (\$) 180.00	Payee address; City; State; Zip Code 10277 E Rancho Diego Lane Crowley, Texas 7
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T) Contract Labor
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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: 2/13	2 FILER NAME Franklin (Frank) D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/6/2011	5 Payee name Janice Shannon
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6 Amount (\$) 144.00	7 Payee address; City; State; Zip Code 6901 Windward way FORT WORTH, TEXAS 76
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Phone Bank	(b) Description (If travel outside of Texas, complete Schedule T) Contractual Services
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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 5/6/2011	Payee name Mary Davidson
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Amount (\$) 220.00	Payee address; City; State; Zip Code 6901 Windward way FORT WORTH, TEXAS
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank	Description (If travel outside of Texas, complete Schedule T) Contractual Services
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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 5/6/2011	Payee name Som's Club
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Amount (\$) 81.50	Payee address; City; State; Zip Code 8351 Anderson FORT WORTH, TEXAS
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	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 5/7/2011	Payee name Jeremy Craney
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Amount (\$) 60.00	Payee address; City; State; Zip Code 4508 Emerson FORT WORTH, TEXAS
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Early Voter Worker	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: 3/13	2 FILER NAME Franklin (Frank) D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/7/2011	5 Payee name Darron Locke
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6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 4508 Emerson Fort Worth, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Early voter worker	(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 5/7/2011	Payee name Franklin D. Moss, Jr.
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Amount (\$) 250.00	Payee address; City; State; Zip Code 2333 Jensen Circle Fort Worth, Texas 76112
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign worker	Description (If travel outside of Texas, complete Schedule T) Contractual services
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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 5/8/2011	Payee name Pappadeauxx Rest.
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Amount (\$) 192.55	Payee address; City; State; Zip Code 1304 E. Copeland Rd Arlington, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Campaign workers luncheon
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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 5/19/2011	Payee name La Vida News
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Amount (\$) 735.00	Payee address; City; State; Zip Code 5601 Bridge Street Suite 300 Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertisement Expense	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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **4 / 13** 2 FILER NAME: **Franklin (Frank) D. Moss, Sr.** 3 ACCOUNT # (Ethics Commission Filers)

4 Date: **5/10/2011** 5 Payee name: **Jeremy Craney**

6 Amount (\$): **125.00** 7 Payee address; City; State; Zip Code: **4508 Emerson Fort Worth, Texas**

8 PURPOSE OF EXPENDITURE: (a) Category (See categories listed at the top of this schedule): **Early Voter Worker** (b) Description (If travel outside of Texas, complete Schedule T)

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

Date: **5/16/2011** Payee name: **Kwik Kopy**

Amount (\$): **1,767.72** Payee address; City; State; Zip Code: **1850 Handley Dr. Fort Worth, Texas**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Printing Expense** Description (If travel outside of Texas, complete Schedule T)

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

Date: **5/11/2011** Payee name: **US Post Master**

Amount (\$): **1,100.00** Payee address; City; State; Zip Code: **4600 Mark IV Parkway Meacham Station Fort Worth, Texas**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Postage Expense** Description (If travel outside of Texas, complete Schedule T)

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

Date: **5/12/2011** Payee name: **AMM Political Strategies**

Amount (\$): **137.45** Payee address; City; State; Zip Code: **Fort Worth, Texas**

PURPOSE OF EXPENDITURE: Category (See categories listed at the top of this schedule): **Telephone Robo Expense** Description (If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

- EXPENDITURE CATEGORIES FOR BOX 8(a)**
- Advertising Expense
 - Accounting/Banking
 - Consulting Expense
 - Event Expense
 - Fees
 - Gift/Awards/Memorials Expense
 - Legal Services
 - Food/Beverage Expense
 - Polling Expense
 - Printing Expense
 - Salaries/Wages/Contract Labor
 - Solicitation/Fundraising Expense
 - Travel In District
 - Travel Out Of District
 - Office Overhead/Rental Expense
 - Loan Repayment/Reimbursement
 - Transportation Equipment & Related Expense
 - Contributions/Donations Made By Candidate/Officeholder/Political Committee
 - OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>5/13</i>	2 FILER NAME <i>Franklin (Frank) D. MOSS, Sr.</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/13/2011</i>	5 Payee name <i>Ad Tex Advertising</i>
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6 Amount (\$) <i>120.00</i>	7 Payee address; City; State; Zip Code <i>3800 Linkmeadow Dr. Aledo, Texas</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</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>5/13/2011</i>	Payee name <i>Black Ministers Union</i>
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Amount (\$) <i>400.00</i>	Payee address; City; State; Zip Code <i>4100 Horne Street Fort Worth, Texas 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Banquet Table Expense</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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Date <i>5/14/2011</i>	Payee name <i>Kathryn Kellogg</i>
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Amount (\$) <i>153.00</i>	Payee address; City; State; Zip Code <i>10277 E. Rancho Diego Lane Crowley, Texas</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Phone Bank Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Contractual Services</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>5/14/2011</i>	Payee name <i>Carthra Harris</i>
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Amount (\$) <i>171.00</i>	Payee address; City; State; Zip Code <i>3750 Garrison Fort Worth, Texas</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Phone Bank Expense</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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6/13	2 FILER NAME Franklin (Frank) D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/14/2011	5 Payee name Janice Shannon
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6 Amount (\$) 171.00	7 Payee address; City; State; Zip Code 6901 Windward Way Fort Worth, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Phone Bank Expense	(b) Description (If travel outside of Texas, complete Schedule T) Contractual Labor
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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 5/14/2011	Payee name Mary Davidson
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Amount (\$) 220.00	Payee address; City; State; Zip Code 6901 Windward Way Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank Expense	Description (If travel outside of Texas, complete Schedule T) Contractual Service
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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 5/14/2011	Payee name Jeremy Craney
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Amount (\$) 90.00	Payee address; City; State; Zip Code 4508 Emerson Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Worker	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 5/14/2011	Payee name Darron Locket
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Amount (\$) 90.00	Payee address; City; State; Zip Code 4508 Emerson Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Worker	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: 7/13	2 FILER NAME Franklin (Frank) D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/14/2011	5 Payee name Sierra Baker.
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6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 9820 Rimstone Dr. Fort Worth, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Worker.	(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 5/14/2011	Payee name Dianne Johnson
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Amount (\$) 120.00	Payee address; City; State; Zip Code 9820 Rimstone Dr. Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Workers	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 5/14/2011	Payee name Dianne Johnson
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Amount (\$) 60.00	Payee address; City; State; Zip Code 9820 Rimstone Dr. Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Worker.	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 5/14/2011	Payee name Nakia Flowers
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Amount (\$) 60.00	Payee address; City; State; Zip Code 9820 Rimstone Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Worker.	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8/13	2 FILER NAME Franklin (Frank) D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/14/2011	5 Payee name Michelle Reynolds
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1700 Winstar Way Fort Worth, Texas

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Worker	(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 5/14/2011	Payee name Willena Johnson
Amount (\$) 50.00	Payee address; City; State; Zip Code 7513 Asher Fort Worth, Texas

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Worker	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 5/14/2011	Payee name Kimberly Simpson
Amount (\$) 100.00	Payee address; City; State; Zip Code 6603 Falcon River way Apt # 712 Arlington, Texas

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Worker	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 5/14/2011	Payee name Darius Williams
Amount (\$) 60.00	Payee address; City; State; Zip Code 801 Dale Ln. Apt. 604 Fort Worth, Texas

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Worker	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9 / 13	2 FILER NAME Franklin D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/14/2011	5 Payee name Franklin D. Moss, Jr.
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6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 2333 Janson Circle Fort Worth, Texas 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Worker	(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 5/14/2011	Payee name Franklin D Moss, Sr.
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Amount (\$) 200.00	Payee address; City; State; Zip Code 5625 Eisenhower Dr Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Expenses	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 5/14/2011	Payee name Sam's Club
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Amount (\$) 114.52	Payee address; City; State; Zip Code 8351 Anderson Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	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 5/14/2011	Payee name Williams Fried Chicken
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Amount (\$) 53.93	Payee address; City; State; Zip Code 4313 E. Berry Street Fort Worth, Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10/13		2 FILER NAME Franklin (Frank) D. Moss, Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/19/2011		5 Payee name AT & T			
6 Amount (\$) 299.93		7 Payee address; City; State; Zip Code P.O. Box 5001 Carol Stream, IL			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Phone Bank Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/21/2011		Payee name Franklin D. Moss, Jr.			
Amount (\$) 200.00		Payee address; City; State; Zip Code 2333 Jensen Circle Fort Worth, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Campaign worker.		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/22/2011		Payee name Moslah Shrine Circus			
Amount (\$) 75.00		Payee address; City; State; Zip Code Fort Worth, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) DONATION		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/29/2011		Payee name Franklin D Moss, Jr.			
Amount (\$) 200.00		Payee address; City; State; Zip Code 2333 Jensen Circle Fort Worth, Texas			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Campaign worker.		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11/13	2 FILER NAME Franklin (Frank) D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/31/2011	5 Payee name Brighter Outlook Foundation	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1901 Amanda St. Fort Worth, Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/3/2011	Payee name Stop Six Day	
Amount (\$) 400.00	Payee address; City; State; Zip Code 4916 Ramey Fort Worth, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation/Sponsorship	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/8/2011	Payee name US Postmaster	
Amount (\$) 108.00	Payee address; City; State; Zip Code 4650 E. Rose Dale Fort Worth, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage Expense	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/9/2011	Payee name Aide Outreach Center	
Amount (\$) 200.00	Payee address; City; State; Zip Code 400 N. Beach Fort Worth, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 12/13	2 FILER NAME Franklin (Frank) D. Moss, Sr	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6/9/2011	5 Payee name Open Channels	
6 Amount (\$) 1022.00	7 Payee address; City; State; Zip Code 101 Summit, Ste 208 Fort Worth, Texas	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fund Raiser Expense.	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 6/9/2011	Payee name AT & T	
Amount (\$) 260.04	Payee address; City; State; Zip Code P.O. Box 5001 Carol Springs Stream, IL	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone Bank Expense.	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 6/15/2011	Payee name Bank of America	
Amount (\$) 59.61	Payee address; City; State; Zip Code 5651 E. Lancaster Fort Worth, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bank Analysis fee	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 6/18/2011	Payee name Dunbar Allclass Reunion	
Amount (\$) 220.00	Payee address; City; State; Zip Code Fort Worth, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Registration Expense.	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 13/13	2 FILER NAME Franklin (Frank) D. Moss, Sr.	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 6/20/2011	5 Payee name Sam's Club
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6 Amount (\$) 77.97	7 Payee address; City; State; Zip Code 8351 Anderson FORT WORTH, TEXAS
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Refreshment Reception Expense	(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 6/25/2011	Payee name Tarrant County Black Democrats
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Amount (\$) 60.00	Payee address; City; State; Zip Code P.O. Box 15803 FORT WORTH, TEXAS
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) membership Expense	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 6/29/2011	Payee name Michaels
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Amount (\$) 77.27	Payee address; City; State; Zip Code 846 Northeast Hill Dr. HURST, TEXAS
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Poster Framing Expense	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 5/31/2011	Payee name Most Worshipful Prince Hall Grand Lodge of Texas
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Amount (\$) 175.00	Payee address; City; State; Zip Code P.O. Box 1478 FORT WORTH, TEXAS 76101
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad and Registration Expense	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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