

OFFICIAL RECORD
CITY SECRETARY

FT. WORTH, TEX

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT
FORM C/OH
COVER SHEET PG 1

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

3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR: Mr. FIRST: Franklin MI: D. NICKNAME: Frank LAST: Moss SUFFIX: Sr.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 4
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 5625 Eisenhower Dr. CITY: Fort Worth, Texas 76112 STATE: Texas 76112 ZIP CODE: 76112	OFFICE USE ONLY Date Received: 7/24/2012 RECEIVED JUL 24 2012 CITY OF FORT WORTH CITY SECRETARY Date Hand-delivered: _____ Receipt #: _____ Date Processed: _____ Date Imaged: _____
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (817) PHONE NUMBER: 429-9071 EXTENSION:
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6 CAMPAIGN TREASURER NAME MS / MRS / MR: Mr. FIRST: Edmond MI: L. NICKNAME: Ed LAST: Moss SUFFIX:	STREET ADDRESS (NO PO BOX PLEASE): 5625 Eisenhower Dr. CITY: Fort Worth, Texas 76112 STATE: Texas 76112 ZIP CODE: 76112
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7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5625 Eisenhower Dr. CITY: Fort Worth, Texas 76112 STATE: Texas 76112 ZIP CODE: 76112
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8 CAMPAIGN TREASURER PHONE	AREA CODE: (817) PHONE NUMBER: 714-4638 EXTENSION:
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year: 01 / 01 / 2012 THROUGH Month Day Year: 06 / 30 / 2012
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11 ELECTION	ELECTION DATE: / / ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE	OFFICE HELD (if any): Fort Worth City Council DISTRICT 5	13 OFFICE SOUGHT (if known)
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Franklin (Frank) Moss, Sr. **15 ACCOUNT # (Ethics Commission Filers)**

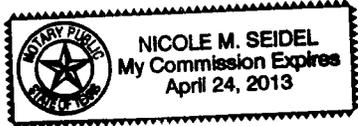
16 NOTICE FROM POLITICAL COMMITTEE(S)

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

17 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)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 453.40
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,321.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2954.96
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT



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

Franklin Moss
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Franklin Moss, this the 24th day of July, 2012, to certify which, witness my hand and seal of office.

Nicole M. Seidel Nicole M. Seidel Notary
Signature of officer administering oath Printed name of officer administering oath 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: <i>1/2</i>	
2 FILER NAME <i>Franklin (Frank) Moss, Sr.</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>Jan. 13, 2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sam's Club</i>	7 Amount of contribution (\$) <i>69.22</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>8351 Anderson Blvd. Fort Worth, Texas</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Supplies for Community Meeting</i>		10 Employer (See Instructions)	
Date <i>Feb. 13, 2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jeremy Crainey</i>	Amount of contribution (\$) <i>110.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4508 Emerson Fort Worth, Texas</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Computer Services</i>		Employer (See Instructions)	
Date <i>Feb. 16, 2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Franklin (Frank) Moss</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5625 Eisenhower Dr. Fort Worth, Texas 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Travel Advance</i>		Employer (See Instructions)	
Date <i>March 15, 2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sam's Club</i>	Amount of contribution (\$) <i>88.56</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>835 Anderson Blvd. Fort Worth, Texas</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>for Community Meeting</i>		Employer (See Instructions)	
Date <i>March 8, 2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Franklin (Frank) Moss</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5625 Eisenhower Dr. Fort Worth, Texas 76112</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Travel Advance NLG Meeting</i>		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: 2/2	
2 FILER NAME Franklin (Frank) Moss Sr.		3 ACCOUNT # (Ethics Commission Filers)	
4 Date March 29, 2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mark Veasey Campaign Contributor address; City; State; Zip Code PO Box 50084 FORT WORTH, TEXAS 76105	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Campaign Contribution		10 Employer (See Instructions)	
Date June 22, 2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prince Hall Grand Lodge Contributor address; City; State; Zip Code PO Box. 1478 FORT WORTH, TEXAS 76101	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Ad		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)
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)
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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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