

**CAND DATE / OFF CEHOLDER
CA GN F A CE REPORT**

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

1 Filer ID (Ethics Commission Filers) **2** Total pages filed:

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

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

OFFICE USE ONLY

NICKNAME

LAST

SUFFIX

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

RECEIVED

JUL 17 2017

Bo of Ed on

☐ Change of Address

5 CANDIDATE /

AREA CODE

PHONE NUMBER

EXTENSION

Christene

Moss

5625 Eisenhower Dr.

Fort Worth Tx 76112

CA D DATE / OFF CEHOL ER
CA G F A CE EPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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.

COMMITTEE TYPE COMMITTEE NAME

CLAS Kisenbama Dr.

76112

COMMITTEE ADDRESS

17 CONTRIBUTION
TOTALS

COMMITTEE CAMPAIGN TREASURER ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

☐ Additional Pages

Franklin S. Moss Jr.

2333 Jensen Circle #1200th, Tx

76112

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

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

\$

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

EXPENDITURE
TOTALS

3.

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.

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

8

SUBTOTALS - C/O

FORM C/OH COVER SHEET PG 3

19 AME
ristene Moss

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3 SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4 SCHEDULE E: LOANS	\$
5 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 380 ⁰⁰
	\$
8	\$
9 ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE F1

Advertising Expense

Event Expense

Loan Repayment/Reimbursement
Off bond/Rental Expense

Digitized by Google

Legal Services

Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E1 2 FILER

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name

6 Amount (\$)

7 Payee address;

City; State; Zip Code

PURPOSE OF

EXPENDITURE

Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Agency/Printing/Postage

Event Expense
Event

Loan Repayment/Reimbursement
Office Overhead/Rental Expenses

Solicitation/Fundraising Expense
Transportation/Equipment & Related Expenses

The instruction guide explains how to complete this form.

01/17

8.

(b) Description

PURPOSE
OF
EXPENDITURE

, award

Office held

Date

6/11/17

City; State; Zip Code

11901 Amanda St, Ft Worth Tx 76105

PURPOSE
OF
EXPENDITURE

Candidate / Officeholder name

Office sought

6/15/17

PURPOSE
OF
EXPENDITURE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Solicitation/Raising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment
Event Expense Fees
Postage Expense
Priority Mail
Contract Labor

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1

The Instruction Guide explains how to complete this form.

4 Date

2

name

5

Payee address; City; State; Zip Code

6 Amount (\$)

(a) Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

(b) Description

Check if Austin, TX, officeholder living expense

8

PURPOSE
OF
EXPENDITURE

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE
OF
EXPENDITURE

Candidate / Officeholder name

Office held

Category (See Categories listed at the top of this schedule)

Description

Check if travel outside of Texas. Complete Schedule T.

SCHEDULE F1

Advertising Expense
Accounting/Banking

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Solicitation/Fundraising Expense

Transportation Equipment & Related Expenses

a em Expense

Legal Services

Salaries/Wages/Contract Labor

3 Filer ID (Ethics Commission Filers)

4 Date _____

6/19/17

64 mount (C)

7 Device address

0111 0111 7110 1111

PURPOSE
OF
EXPENDITURE