

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7731

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: 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Richard	MI
	NICKNAME	LAST Franklin	SUFFIX III
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 3906 Sojourner St	APT / SUITE #;	CITY; STATE; ZIP CODE Austin TX 78725
	AREA CODE (512)	PHONE NUMBER 276-7581	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mr.	FIRST Thomas	MI
	NICKNAME	LAST Fritzinger	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 4725 Castleman Dr.	APT / SUITE #;	CITY; STATE; ZIP CODE Austin TX 78725
	AREA CODE (512)	PHONE NUMBER 276-9959	EXTENSION
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month Day Year 10 / 17 / 11	THROUGH	Month Day Year 12 / 31 / 11
11 ELECTION	ELECTION DATE Month Day Year 4 / 3 / 12	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any) Del Valle ISD School Board sm06	13 OFFICE SOUGHT (if known) Travis Co. Commissioner Precinct 1	

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Richard Franklin III

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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) \$ 5,840.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 196.73

4. TOTAL POLITICAL EXPENDITURES \$ 8256.17

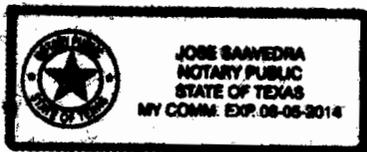
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 587.19

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 4,400.00

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.

Richard Franklin III
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RICHARD FRANKLIN III, this the 17th day of January, 20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

JOSE SAAVEDRA
Printed name of officer administering oath

NOTARY PUBLIC
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: 7	
2 FILER NAME Richard Franklin III		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/5/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Birch	7 Amount of contribution (\$) \$ 10.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3026 Shannon Ln. Grand Prairie TX 75052		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/5/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joyce Basciano	Amount of contribution (\$) \$ 75.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1907 W 34th St. Austin TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/6/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Curtis	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 150 S. Shore Rd. Bastrop TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidel Acevedo	Amount of contribution (\$) \$ 400.00	In-kind contribution description (if applicable) Sign Poles for Yard Signs
Contributor address; City; State; Zip Code 3807 Prairie Ln Austin TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Duncan	Amount of contribution (\$) \$ 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 360 Nueces St # 2701 Austin TX 78701		(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: **7**

2 FILER NAME **Richard Franklin III**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **11/16/11**

5 Full name of contributor out-of-state PAC (ID# _____)
Susanna Woody
6 Contributor address; City; State; Zip Code
**7433 Montezuma St
Austin TX 78744**

7 Amount of contribution (\$) **\$ 25.00**

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 **11/17/11**

Full name of contributor out-of-state PAC (ID# _____)
Hugh Craig
Contributor address; City; State; Zip Code
**1213 Hollow Creek # 4
Austin TX 78704**

Amount of contribution (\$) **\$ 50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/17/11**

Full name of contributor out-of-state PAC (ID# _____)
Carmen Llanes
Contributor address; City; State; Zip Code
**4513 Elwood Rd
Austin TX 78722**

Amount of contribution (\$) **\$ 50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/18/11**

Full name of contributor out-of-state PAC (ID# _____)
Frank Skhor
Contributor address; City; State; Zip Code
**2517 Danny Ln
Farmers Branch TX 75234**

Amount of contribution (\$) **\$ 50.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **11/18/11**

Full name of contributor out-of-state PAC (ID# _____)
Charlie Jackson
Contributor address; City; State; Zip Code
**11900 Metric Blvd J163
Austin TX 78758**

Amount of contribution (\$) **\$ 100.00**

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: <u>7</u>	
2 FILER NAME <u>Richard Franklin III</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>11/20/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Melia O'dell</u> 6 Contributor address; City; State; Zip Code <u>3704 Denehoe Cr. Austin TX 78725</u>	7 Amount of contribution (\$) <u>\$ 25.00</u> <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>11/23/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Susan Morrison</u> Contributor address; City; State; Zip Code <u>4205 Ramsey Ave Austin TX 78756</u>	Amount of contribution (\$) <u>\$ 250.00</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11/23/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Coke H. Dilworth</u> Contributor address; City; State; Zip Code <u>415 Brady Ln Austin TX 78746</u>	Amount of contribution (\$) <u>\$ 50.00</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>12/1/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kenneth Koym</u> Contributor address; City; State; Zip Code <u>9704 Monarch Ln Austin TX 78724</u>	Amount of contribution (\$) <u>\$ 10.00</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>12/1/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Billy Carr</u> Contributor address; City; State; Zip Code <u>18324 Basketflower Bend Elgin TX</u>	Amount of contribution (\$) <u>\$ 25.00</u> <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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:

7

2 FILER NAME

Richard Franklin III

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/5/11

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

Joseph Barnes

6 Contributor address; City; State; Zip Code

13329 Throme Valley Dr
Del Valle TX 78617

7 Amount of contribution (\$)

\$ 50.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/10/11

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

Barry Franklin

Contributor address; City; State; Zip Code

15000 Hogeys Rd
Manor TX 78653

Amount of contribution (\$)

\$ 300.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/15/11

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

Thomas Henderson

Contributor address; City; State; Zip Code

PO Box 1415
Austin TX 78767

Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/20/11

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

David Abebefe

Contributor address; City; State; Zip Code

5065 Royal Creek Ln
Plano TX 75093

Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/29/11

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

Phyllis Thomas

Contributor address; City; State; Zip Code

2417 Summers St.
Corpus Christi TX 78407

Amount of contribution (\$)

\$ 50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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: 7	
2 FILER NAME <i>Richard Franklin III</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/24/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lilliana Orozco</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>13129 Throme Valley Del Valle TX 78617</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/26/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Rodgers</i>	Amount of contribution (\$) <i>\$ 300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1112 W. 9th St. Austin TX 78703</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/28/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Sanchez</i>	Amount of contribution (\$) <i>\$ 500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6105 Highlander Dr. Austin TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/28/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TX Democratic Party</i>	Amount of contribution (\$) <i>\$ 1250.00</i>	In-kind contribution description (if applicable) <i>Online Voter File Purchase - In Kind.</i>
Contributor address; City; State; Zip Code <i>505 West 12th St. Ste. 200 Austin TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/29/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Wallace</i>	Amount of contribution (\$) <i>\$ 400.00</i>	In-kind contribution description (if applicable) <i>Venue Rental for Fundraiser</i>
Contributor address; City; State; Zip Code <i>2600 Rosewood Ave Austin TX</i>		(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:

7

2 FILER NAME

Richard Franklin III

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/29/11

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

Kenneth Koym

6 Contributor address; City; State; Zip Code

9704 Monarch Ln
Austin TX 78724

7 Amount of contribution (\$)

\$ 30.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/29/11

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

Fidel Acevedo

Contributor address; City; State; Zip Code

3807 Prairie Ln
Austin TX 78728

Amount of contribution (\$)

\$ 30.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/11

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

Marcelo Tafuya

Contributor address; City; State; Zip Code

2908 Overdale
Austin TX 78723

Amount of contribution (\$)

\$ 30.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/11

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

Sharon Aisenman

Contributor address; City; State; Zip Code

12007 N. Lamar Apt. 911
Austin TX 78753

Amount of contribution (\$)

\$ 25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/11

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

Patricia King

Contributor address; City; State; Zip Code

13325 Throme Valley
Del Valle TX 78617

Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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: **7**

2 FILER NAME

Richard Franklin III

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/29/11

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

Landon Shultz

6 Contributor address; City; State; Zip Code

10206 Aqua Verde Ct.
Austin TX 78733

7 Amount of contribution (\$)

\$ 100.00

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

10/29/11

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

Susanna Woody

Contributor address; City; State; Zip Code

7433 Montezuma St.
Austin TX 78744

Amount of contribution (\$)

\$ 150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/11

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

Tamara Trager

Contributor address; City; State; Zip Code

12217 Twin
Manchaca TX 78652

Amount of contribution (\$)

\$ 10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/11

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

Charlie Baird

Contributor address; City; State; Zip Code

6116 Pebble Garden
Austin TX 78739

Amount of contribution (\$)

\$ 20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/11

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

Benny Hawkins

Contributor address; City; State; Zip Code

18901 Wandering Vine Cr.
Pflugerville TX 78660

Amount of contribution (\$)

\$ 450.00

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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <i>Richard Franklin III</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 4,900.00
5 Date of loan <i>10/17/11</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Franklin</i>	9 Loan Amount (\$) \$ 4900.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>3906 Sojourner St Austin TX 78725</i>	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions) —		13 Employer (See Instructions) —
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	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		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: 7		2 FILER NAME Richard Franklin III		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/17/11		5 Payee name Hoover's Cooking			
6 Amount (\$) \$ 27.85		7 Payee address; City; State; Zip Code 2002 Manor Rd Austin TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Other		(b) Description (If travel outside of Texas, complete Schedule T) Campaign Lunch	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/17/11		Payee name Rudy Malveaux			
Amount (\$) \$ 500.00		Payee address; City; State; Zip Code 1707 E 21st Austin TX 78722			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/18/11		Payee name Staples, Inc.			
Amount (\$) \$ 68.96		Payee address; City; State; Zip Code 1201 Barbara Jordan Ste. 700 Austin TX 78723			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Office Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/11		Payee name HEB			
Amount (\$) \$ 100.00		Payee address; City; State; Zip Code 1000 E 41st Austin TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Travel In. District		Description (If travel outside of Texas, complete Schedule T) Gas Card for District Travel	
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	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	2 FILER NAME Richard Franklin III	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/27/11	5 Payee name HEB
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6 Amount (\$) \$97.69	7 Payee address; City; State; Zip Code 1000 E 41st Austin TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Fundraising event food
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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 10/28/11	Payee name Sam's Club
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Amount (\$) 89.52	Payee address; City; State; Zip Code 4970 W Hwy 290 Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Fundraising event food, supplies
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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 10/28/11	Payee name Richard Franklin
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 3906 Sojourner St Austin TX 78725
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment/Reimbursement	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 10/28/11	Payee name Texas Democratic Party
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Amount (\$) \$350.00	Payee address; City; State; Zip Code 505 W. 12th St. Ste. 200 Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) VAN File Purchase
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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	2 FILER NAME Richard Franklin III	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/31/11	5 Payee name Kris Worley
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6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code 3217 N IH35 Austin TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Consulting
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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 11/3/11	Payee name USPS - Stamps.Com
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Amount (\$) \$ 62.00	Payee address; City; State; Zip Code 12959 Coral Tree Pl. Los Angeles CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Postage
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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 11/14/11	Payee name Johnson Campaigns
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Amount (\$) \$ 1793.77	Payee address; City; State; Zip Code 1415 S. Voss Ste 110-217 Houston TX 77057
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Printing Push Cards.
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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 11/22/11	Payee name Ruby's BB-Q
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Amount (\$) \$ 22.11	Payee address; City; State; Zip Code 512 W 29th St Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Volunteer Lunch
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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: 7	2 FILER NAME Richard Franklin III	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/28/11	5 Payee name NAACP - Austin		
6 Amount (\$) \$ 150.00	7 Payee address; City; State; Zip Code 1704 E 12 St Austin TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Banquet Program Advertisement	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/30/11	Payee name HEB		
Amount (\$) \$ 91.72	Payee address; City; State; Zip Code 1000 E 41st Austin TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Fundraiser Food	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/1/11	Payee name Victory Grill		
Amount (\$) \$ 300.00	Payee address; City; State; Zip Code 1104 E 11st Austin TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Event Expense	Description (If travel outside of Texas, complete Schedule T) Venue Rental	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/9/11	Payee name Aque CS, Inc.		
Amount (\$) \$ 115.44	Payee address; City; State; Zip Code 916 Byrd Ave Neenah WI		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Road Signs	
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: 7	2 FILER NAME Richard Franklin III	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/10/11	5 Payee name NAACP - Austin
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6 Amount (\$) \$ 130.00	7 Payee address; City; State; Zip Code 1704 E 12st Austin TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) NAACP Banquet
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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 12/12/11	Payee name USPS Stamps
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Amount (\$) \$ 15.99	Payee address; City; State; Zip Code 12959 Coral Tree Pl Los Angeles CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Postage expense
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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 12/14/11	Payee name USPS Stamps
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Amount (\$) \$ 25.00	Payee address; City; State; Zip Code 12959 Coral Tree Pl Los Angeles CA
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Postage Expense
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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 12/14/11	Payee name Home Depot
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Amount (\$) \$ 118.08	Payee address; City; State; Zip Code 1200 Barbara Jordan Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Sign Poles
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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: 7	2 FILER NAME Richard Franklin III	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/21/11	5 Payee name Wal-Mart
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6 Amount (\$) \$ 285.80	7 Payee address; City; State; Zip Code 2525 West Anderson Austin TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Office-Printer, Toner, Paper
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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 10/24/11	Payee name Sam's Club
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Amount (\$) \$ 172.26	Payee address; City; State; Zip Code 4970 W Hwy 290 Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food for Fundraiser
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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 10/24/11	Payee name Jonathan Clark
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Amount (\$) \$ 500.00	Payee address; City; State; Zip Code 1608 Pennsylvania Austin TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Website Consulting
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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 10/25/11	Payee name Mi Madre's
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Amount (\$) \$ 30.00	Payee address; City; State; Zip Code 2201 Manor Rd. Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Campaign Organizing Mtg.
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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)

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1 Total pages Schedule F: 7	2 FILER NAME Richard Franklin III	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/21/11	5 Payee name Wal-Mart
---------------------------	---------------------------------

6 Amount (\$) \$ 285.80	7 Payee address; City; State; Zip Code 2525 West Anderson Austin TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Office-Printer, Toner, Paper
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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 10/24/11	Payee name Sam's Club
-------------------------	---------------------------------

Amount (\$) \$ 172.26	Payee address; City; State; Zip Code 4970 W Hwy 290 Austin TX
---------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food for Fundraiser
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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 10/24/11	Payee name Jonathan Clark
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Amount (\$) \$ 500.00	Payee address; City; State; Zip Code 1608 Pennsylvania Austin TX 78702
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Website Consulting
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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 10/25/11	Payee name Mi Madre's
-------------------------	---------------------------------

Amount (\$) \$ 30.00	Payee address; City; State; Zip Code 2201 Manor Rd Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Campaign Organizing Mtg.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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