

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7858

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:

11

3 CANDIDATE / OFFICEHOLDER NAME

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

**OFFICE USE ONLY**

Date Received: 2012 MAY 21 PM 3:56  
Dana DeBeauvoir  
County Clerk  
Travis County Texas  
FILED FOR RECORD

Date Handled (Filed or Postmarked)

Receipt Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 change of address

ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE  
3906 Sojourner St  
Austin TX 78725

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 276-7581

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Thomas  
NICKNAME LAST SUFFIX  
Fritzing

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE  
4725 Castleman Dr.  
Austin TX 78725

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(512) 276-9959

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
4 / 20 / 12 THROUGH 5 / 19 / 12

11 ELECTION

ELECTION DATE: Month Day Year  
5 / 29 / 12  
ELECTION TYPE:  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
Del Valle ISD  
School Board sm6

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

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

\$ —

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

\$ 1500.00

EXPENDITURE  
TOTALS

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

\$ 73.10

4. TOTAL POLITICAL EXPENDITURES

\$ 1926.18

CONTRIBUTION  
BALANCE

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

\$ 963.00

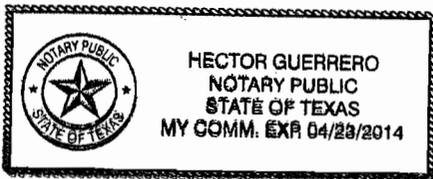
OUTSTANDING  
LOAN TOTALS

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

\$ 4,350.00

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Richard Franklin*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Richard Franklin, this the 21 day of May, 20 12, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Hector Guerrero  
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:

3

2 FILER NAME

Richard Franklin III

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/22/12

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

Sharon Elmore Barrow

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

4512 Rimrock Trail Austin 78723

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/22/12

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

Karen Renick

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2500 Tower Dr  
Austin TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/12

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

Brian Rodgers

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

1112 West 9th St.  
Austin TX 78703

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/12

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

Marcelo Tafoya

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

2908 Overdale  
Austin TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/5/12

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

Fidel Acevedo

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

3807 Prairie Ln Austin

Booth Fee  
for Cinco De  
Mayo Festival

(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: **3**

2 FILER NAME

Richard Franklin III

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5/8/12

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

Deborah Duncan

6 Contributor address; City; State; Zip Code

1500 Suffolk Dr.  
Austin TX 78723

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

5/10/12

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

Joyce Mc Cart

Contributor address; City; State; Zip Code

5210 Fossil Rim  
Austin TX 78746

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

5/11/12

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

Wilson White

Contributor address; City; State; Zip Code

5509 Basswood Ln  
Austin TX 78723

Amount of contribution (\$)

\$ 25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/11/12

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

Ben Warmate

Contributor address; City; State; Zip Code

PO Box 14196 Austin  
78746

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)

Date

5/11/12

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

Rev. Sterling Lands

Contributor address; City; State; Zip Code

9407 Danville CT  
Austin TX 78753

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: <span style="font-size: 2em; margin-left: 20px;">3</span>	
2 FILER NAME <span style="font-size: 1.2em;">Richard Franklin III</span>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <span style="font-size: 1.2em;">5/16/12</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">Jason Meeker</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">\$25.00</span>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">6305 Amberly Place Austin 78759</span>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <span style="font-size: 1.2em;">5/17</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <span style="font-size: 1.2em;">Benny Hawkins</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$500.00</span>	In-kind contribution description (if applicable) <span style="font-size: 1.2em;">Printing Expense</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">18901 Wandering Vine Cr. Pflugerville 78660</span>		(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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Richard Franklin III

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

5/10

7 Name of lender

Richard Franklin III

out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

200.00

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

3906 Sojourner  
Austin TX 78725

10 Interest rate

—

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

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

5/17/12

Name of lender

Richard Franklin III

out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

\$ 850.00

Is lender a financial institution?

Y  N

Lender address; City; State; Zip Code

3906 Sojourner St  
Austin TX 78725

Interest rate

—

Maturity date

—

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

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: <b>4</b>	2 FILER NAME <b>Richard Franklin III</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>4/20/12</b>	5 Payee name <b>Lowe's</b>	
6 Amount (\$) <b>\$ 47.74</b>	7 Payee address; City; State; Zip Code <b>5510 S IH 35 Austin TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Road Sign Maint.</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>4/23/12</b>	Payee name <b>Political Lawn Signs</b>	
Amount (\$) <b>\$ 696.36</b>	Payee address; City; State; Zip Code <b>916 Byrd Ave Neenah WI 54956</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising/Printing</b>	Description (If travel outside of Texas, complete Schedule T) <b>Road Signs Printing</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>4/24/12</b>	Payee name <b>Staple's</b>	
Amount (\$) <b>\$ 83.64</b>	Payee address; City; State; Zip Code <b>1201 Barbara Jordan Austin tx 78723</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office</b>	Description (If travel outside of Texas, complete Schedule T) <b>Toner, labels, Paper</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>5/1/12</b>	Payee name <b>Wal-Mart</b>	
Amount (\$) <b>\$ 211.89</b>	Payee address; City; State; Zip Code <b>1030 Norwood Park Austin tx 78753</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Office</b>	Description (If travel outside of Texas, complete Schedule T) <b>Office Supplies</b>
Complete <u>ONLY</u> 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. 4		2 FILER NAME Richard Franklin III		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/11/12		5 Payee name Home Depot			
6 Amount (\$) \$ 33.36		7 Payee address; City; State; Zip Code 1200 Barbara Jordan Atx 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Road Sign Maint.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/15/12		Payee name La Voz Newspaper			
Amount (\$) \$100.00		Payee address; City; State; Zip Code Po Box 19457 Austin TX 78760			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Advertisement in Paper	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/17/12		Payee name Target			
Amount (\$) \$28.40		Payee address; City; State; Zip Code 9500 IH 35 Atx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Poster Boards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/17/12		Payee name Home Depot			
Amount (\$) \$93.65		Payee address; City; State; Zip Code 1200 Barbara Jordan Atx 78723			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Road Sign Maint.	
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: <b>4</b>	2 FILER NAME <b>Richard Franklin III</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>5/17/12</b>	5 Payee name <b>Staples</b>
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6 Amount (\$) <b>\$67.57</b>	7 Payee address; City: State: Zip Code <b>1201 Barbara Jorda Atx 78723</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Office</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Office Supplies</b>
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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 <b>5/14/12</b>	Payee name <b>Super Cheap Signs</b>
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Amount (\$) <b>\$415.14</b>	Payee address; City: State: Zip Code <b>9804 Gray Blvd. Austin TX 78758</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>
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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	Payee name
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Amount (\$)	Payee address; City: State: Zip Code
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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	Payee name
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Amount (\$)	Payee address; City: State: Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>1</b>	2 FILER NAME <b>Richard Franklin III</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/27/12</b>	5 Payee name <b>T.A. Unlimited</b>
--------------------------	---------------------------------------

6 Amount (\$) <b>\$63.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3613 Bluestien Dr. Austin TX 78721</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>T-Shirts</b>
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Date <b>5/15/12</b>	Payee name <b>T.A. Unlimited</b>
------------------------	-------------------------------------

Amount (\$) <b>\$42.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3613 Bluestein Dr. Atx 78721</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>T-Shirts</b>
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED