

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7909

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:

6

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

Date Hand-delivered or Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (512) 276-7581

Receipt # Amount

Date Processed

Date Imaged

Date Indexed

Date Archived

Date Deleted

Date Rejected

Date Rescinded

Date Reinstated

Date Reopened

Dana DeBauvoir  
 County Clerk  
 Travis County, Texas  
 2012 JUL 16 PM 2:08  
 FILED FOR RECORD

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  
 5 / 20 / 2012    THROUGH    6 / 30 / 2012

11 ELECTION

ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     General     Special  
 / /   

12 OFFICE

OFFICE HELD (if any)  
 Det V

13 OFFICE SOUGHT (if known)

Travis Co. Comm. Pct 1

GO TO 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

**17 CONTRIBUTION  
TOTALS**

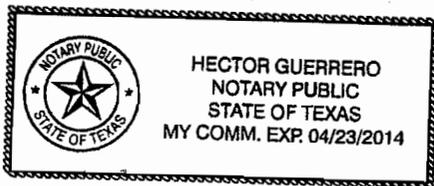
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 71.62
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 561.62
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 244.05
4. TOTAL POLITICAL EXPENDITURES	\$ 970.78
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 154.41
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3590.00

**EXPENDITURE  
TOTALS**

**CONTRIBUTION  
BALANCE**

**OUTSTANDING  
LOAN TOTALS**

**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 16 day of July, 20 12, to certify which, witness my hand and seal of office.

Hector Guerrero  
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: 1

2 FILER NAME

*Richard Franklin III*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*5/25/12*

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

*Nat Bradford*

7 Amount of contribution (\$)

*\$ 140.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*5507 Basswood Ln  
Austin TX 78723*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*5/26/12*

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

*Baird For District Attorney*

Amount of contribution (\$)

*\$ 300.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*PO Box 1242  
Austin TX 78767*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*6/6/12*

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

*Stephen Speir*

Amount of contribution (\$)

*\$ 50.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*1225 Corona Dr.  
Austin TX 78723*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  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  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 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.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME Richard Franklin III	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 5/23/12	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$ 138.31	<b>7</b> Payee address; City; State; Zip Code 500 W Ben White Blvd # 200	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Printing Materials
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5/25/12	Payee name Office Depot	
Amount (\$) \$ 72.47	Payee address; City; State; Zip Code 500 W Ben White Blvd # 200	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Toner, Paper Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 5/25/12	Payee name Richard Franklin III	
Amount (\$) \$ 360.00	Payee address; City; State; Zip Code 3906 Sojourner St Austin TX 78725	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	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 5/29/12	Payee name Richard Franklin III	
Amount (\$) \$ 300.00	Payee address; City; State; Zip Code 3906 Sojourner St Austin TX 78725	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Loan Repayment	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 | 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.

<b>1</b> Total pages Schedule F: <i>2</i>	<b>2</b> FILER NAME <i>Richard Franklin III</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>6/7/12</i>	<b>5</b> Payee name <i>Richard Franklin III</i>
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<b>6</b> Amount (\$) <i>\$ 100.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>3906 Sojourner St Austin TX 78725</i>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan Repayment</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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 <u>ONLY</u> 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**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

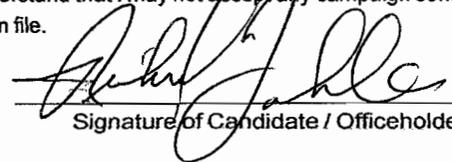
1 C/OH NAME

Richard Franklin III

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder