

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed:  <div style="text-align: center; font-size: 2em;">2</div>
<b>3</b> COMMITTEE NAME  <div style="font-size: 1.5em;">NFL For Flower Mound</div>		<b>RECEIVED</b> <b>OFFICE USE ONLY</b>	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  <div style="font-size: 1.2em;">4305 Auburn DR Flower Mound TX 75028</div>		Date Received  <div style="font-size: 1.5em;">FEB - 6 2013</div>
<b>5</b> CAMPAIGN TREASURER NAME  MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI  <div style="font-size: 1.2em;">RALPH ✓</div> NICKNAME LAST SUFFIX  <div style="font-size: 1.2em;">JEFF WHITAKER</div>	Date Hand-delivered or Postmarked  Receipt # Amount  Date Processed <div style="font-size: 1.2em;">2.6.13</div> Date Imaged <div style="font-size: 1.2em;">2.6.13</div>		Town of Flower Mound Town Secretary's Office
<b>6</b> CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  <div style="font-size: 1.2em;">4305 Auburn DR Flower Mound TX 75028</div>		
<b>7</b> CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> change of address	STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  <div style="font-size: 1.2em;">4305 Auburn DR Flower Mound TX 75028</div>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  <div style="font-size: 1.2em;">(972) 539 4977</div>		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
<b>10</b> PERIOD COVERED	Month Day Year    Month Day Year  <div style="font-size: 1.5em;">7 / 1 / 2012    THROUGH    12 / 31 / 2012</div>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year  <div style="font-size: 1.5em;">5 / 12 / 12</div>	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

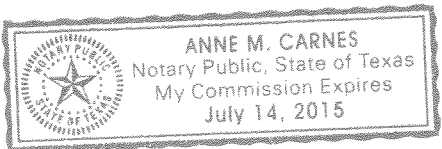
12 COMMITTEE NAME	ACCOUNT # (Ethics Commission Filers)
-------------------	--------------------------------------

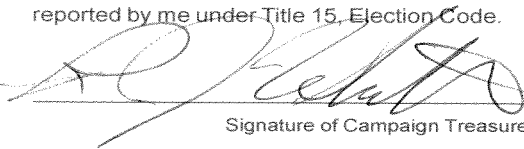
<b>13 COMMITTEE PURPOSE</b>  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input checked="" type="checkbox"/> <b>CANDIDATE</b>  <input type="checkbox"/> <b>OFFICEHOLDER</b>	CANDIDATE / OFFICEHOLDER NAME Melissa Northern AL Filidoro Steve Lyda
	<input type="checkbox"/> <b>MEASURE</b>	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Mayor Flower Mound Northern Place Two Flower Mound Town Council Filidoro Place Two Flower Mound Town Council Lyda
		BALLOT IDENTIFICATION / #  ELECTION DATE Month Day Year 5 / 12 / 12
		DESCRIPTION

14 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)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 90.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 90.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1642.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**15 AFFIDAVIT**

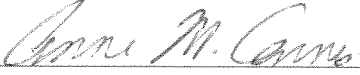
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JEFF WHITAKER, this the 6<sup>TH</sup> day of FEB., 20 13, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

ANNE M. CARNES

 Printed name of officer administering oath

Notary Public

 Title of officer administering oath

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed</b>																
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Month	Day	Year																	
5 / 12 / 12			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																

RECEIVED

OFFICE USE ONLY

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Date Received  
10:41am MAY - 3 2012

Town of Flower Mound  
 Town Secretary's Office

Date Hand-delivered or Postmarked

Receipt #	Amount

Date Processed

Date Imaged

GOTO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME <i>NFL For Flower Mound</i>		ACCOUNT # (Ethics Commission Filers) <b>RECEIVED</b>
13 COMMITTEE PURPOSE  (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)  <input type="checkbox"/> OPPOSE (Candidate or Measure)  <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <i>Melissa Northern AL Filidoro Steve Lyda</i>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>Mayor Flower Mound Northern Place Two Flower Mound Town Council Filidoro Place Four Flower Mound Town Council Lyda</i>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #  ELECTION DATE Month Day Year <i>5/12/12</i>  DESCRIPTION

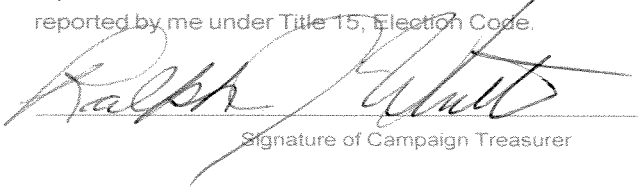
**MAY - 3 2012**

**Town of Flower Mound  
Town Secretary's Office**

14 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)	\$ 11600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3237.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7177.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 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.

  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *RALPH WHITAKER*, this the *3RD* day of *MAY*, 20 *12*, to certify which, witness my hand and seal of office.

*Anne M. Carnes*  
Signature of officer administering oath

*ANNE M. CARNES*  
Printed name of officer administering oath

*Admin. Assst.*  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

MAY - 3 2012 **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 **Town of Flower Mound**  
Total pages Schedule A:  
**TOWN SECRETARY'S OFFICE** /

2 FILER NAME

*NFL For Flower Mound*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*4/3/12*

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

*R JEFFREY WHITTAKER*

6 Contributor address; City; State; Zip Code

*4305 Autumn DR Flower Mound  
TX 75028*

7 Amount of contribution (\$)

*700.00*

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

*4/5/12*

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

*BARBARA ETTER*

Contributor address; City; State; Zip Code

*4401 Trotter Lane  
Flower Mound TX 75028*

Amount of contribution (\$)

*6500*

In-kind contribution description (if applicable)

*Food  
Entertainment  
Equipment Rental*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/6/12*

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

*Anthony S Gibson*

Contributor address; City; State; Zip Code

*5309 Prince Lane  
Flower Mound TX 75022*

Amount of contribution (\$)

*5000.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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.

RECEIVED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

MAY - 3 2012

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Town of Flower Mound   |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Loan Repayment/Reimbursement   |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Town Secretary's Office  |
| Event Expense       | Polling Expense               | Travel Out Of District           | Transportation Equipment & Related Expense                                 |
| Fees                | Printing Expense              | Office Overhead/Rental 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: <i>1</i>	2 FILER NAME <i>NFL For Flower Mound</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>4/17/12</i>	5 Payee name <i>Booker Industries</i>	
6 Amount (\$) <i>3237.13</i>	7 Payee address; City; State; Zip Code <i>5415 Maple Avenue Suite 230 Dallas TX 75235</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>MAILER</i>
9 Complete <u>ONLY</u> 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	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

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