

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px;">3</div>
3 COMMITTEE NAME <div style="font-size: 24px; font-family: cursive;">Flower Mound Yes!</div>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 18px; font-family: cursive;">4305 Auburn Dr Flower Mound Tx 75028</div>		Date Received RECEIVED <div style="font-size: 24px; font-family: cursive;">JUL 16 2012</div>
5 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI <div style="font-size: 18px; font-family: cursive;">RALPH J</div>	Date Hand-delivered or Postmarked Town of Flower Mound Town Secretary's Office	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	NICKNAME LAST SUFFIX <div style="font-size: 18px; font-family: cursive;">JEFF WHITTAKER</div>	Receipt # Amount	Date Processed
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 18px; font-family: cursive;">4305 Auburn Dr Flower Mound Tx 75028</div>		
8 CAMPAIGN TREASURER PHONE	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 18px; font-family: cursive;">4305 Auburn Dr Flower Mound Tx 75028</div>		
9 REPORT TYPE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 18px; font-family: cursive;">(972) 539 4977</div>		
10 PERIOD COVERED	Month Day Year <div style="font-size: 24px; font-family: cursive;">5 / 3 / 2012 THROUGH 6 / 30 / 2012</div>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <div style="font-size: 18px; font-family: cursive;">5 / 12 / 12</div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GOTO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME <i>Flower Mound Yes!</i>		ACCOUNT # (Ethics Commission Filers)
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 (Officerholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <hr/> OFFICE SOUGHT (candidate) / OFFICE HELD (officerholder) <hr/> BALLOT IDENTIFICATION / # <i>Prop 1-12</i> ELECTION DATE Month Day Year <i>Town of Flower Mound 5 / 12 / 12</i> <hr/> DESCRIPTION <i>Town of Flower Mound Charter Amendment Election</i>

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	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3479.55</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>
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.

Ralph Whittaker
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Ralph Whittaker*, this the *16* day of *July*, 20 *12*, to certify which, witness my hand and seal of office.

Acl Signature of officer administering oath
DOROTHY CHOATE Printed name of officer administering oath
NOTARY Title of officer administering oath

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: <i>1</i>	2 FILER NAME <i>Flower Mound YES!</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/16/12</i>	5 Payee name <i>Booker Industries</i>
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6 Amount (\$) <i>3479.55</i>	7 Payee address; City; State; Zip Code <i>5415 Maple Avenue Suite 230 Dallas TX 75235</i>
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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>Matter</i>
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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
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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
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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
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED