

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:
3 COMMITTEE NAME <i>Flower Mound YES!</i>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address		Date Received <i>10:41 AM</i> MAY - 3 2012 Town of Flower Mound TOWN SECRETARY'S OFFICE Date Hand-delivered or Postmarked	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR <i>(MR)</i> FIRST <i>Ralph</i> MI <i>U</i> NICKNAME <i>JEFF</i> LAST <i>Whittaker</i> SUFFIX	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)		STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <i>4305 Auburn DR Flower Mound Tx 75028</i>	
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address		STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>4305 Auburn DR Flower Mound Tx 75028</i>	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION <i>(972) 539 4977</i>	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" 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	
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year <i>1 / 1 / 12 THROUGH 5 / 2 / 12</i>	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>5 / 12 / 12</i>	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

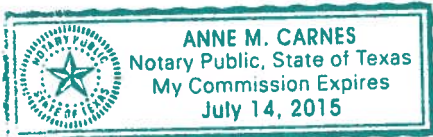
**FORM SPAC
COVER SHEET PG 2**

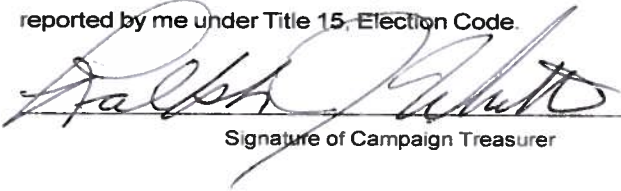
12 COMMITTEE NAME		ACCOUNT # (Ethics Commission Filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER <input checked="" type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <div style="text-align: right; color: red; font-weight: bold;">MAY - 3 2012</div> <div style="text-align: right; color: blue; font-weight: bold;">TOWN of FLOWER MOUND TOWN SECRETARY's Office</div> OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / # <i>Prop 1-12</i> ELECTION DATE Month Day Year <i>Town of Flower Mound</i> <i>5/12/12</i> 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)	\$ <i>2500.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>45.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>45.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>3479.55</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.






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.



Signature of officer administering oath

ANNE M. CARNES

Printed name of officer administering oath

ADMIN ASSIS.

Title of officer administering oath

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED

SCHEDULE C

MAY - 3 2012

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C.

2 FILER NAME

Flower Mound YES!

3 ACCOUNT #

Town of Flower Mound
Ethics Commission's Office
Town of Flower Mound
Ethics Commission Filers

4 Date

1/31/12

5 Corporation / Labor Organization name

Kimley-Horn & Assoc Inc

7 Amount of contribution (\$)

\$ 2500.

8 In-kind contribution description (if applicable)

6 Corporation / Labor Organization address; City; State; Zip Code

PO Box 33068
Raleigh NC 27636-3068

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

Amount of contribution (\$)

In-kind contribution description (if applicable)

Corporation / Labor Organization address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Date

Corporation / Labor Organization name

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Corporation / Labor Organization address; City; State; Zip Code

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED