

# 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> <div style="text-align: center; font-size: 2em;">7</div>
<b>3 COMMITTEE NAME</b> <div style="font-size: 1.2em; font-family: cursive;">NFL For Flower Mound</div>		<b>OFFICE RECEIVED</b> Date Received <span style="float: right; font-size: 1.5em;">AC</span> <div style="font-size: 1.5em; font-family: cursive;">11:39 am</div> <div style="font-size: 1.5em; font-weight: bold;">APR 12 2012</div>	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">4305 Auburn DR Flower Mound TX 75028</div>		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS <input checked="" type="checkbox"/> MR FIRST MI <div style="font-size: 1.5em; font-family: cursive;">RALPH J</div>		Date Hand-delivered Receipt # Amount Date Processed Date Imaged
<b>6 CAMPAIGN TREASURER'S STREET ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">4305 Auburn DR Flower Mound TX 75028</div>		
<b>7 CAMPAIGN TREASURER'S MAILING ADDRESS</b>  <input type="checkbox"/> change of address	STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; font-family: cursive;">(972) 539 4977</div>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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 PERIOD COVERED</b>	Month Day Year     Month Day Year <div style="font-size: 1.5em; font-family: cursive;">3 / 21 / 12     THROUGH     4 / 2 / 12</div>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <div style="font-size: 1.5em; font-family: cursive;">5 / 12 / 12</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS


**FORM SPAC  
COVER SHEET PG 2**

**12 COMMITTEE NAME** *AL For Flower Mound* **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>	<b>CANDIDATE / OFFICEHOLDER NAME</b> <i>Melissa Northern</i> <i>AL Fil. Doro</i> <i>Steve Lyda</i>
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b> <i>MAYOR Flower Mound Northern</i> <i>Place Two Flower Mound town Council Gl.doro</i> <i>Place Four Flower Mound town Council Lyda</i>
	<input type="checkbox"/> <b>MEASURE</b>	<b>BALLOT IDENTIFICATION / #</b> <b>ELECTION DATE</b> Month Day Year <i>5/12/12</i>  <b>DESCRIPTION</b>

<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 540.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5315.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5315.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**15 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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 J Whitaker*  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Ralph J Whitaker, this the 12 day of April, 2012, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Dorothy Choate  
Printed name of officer administering oath

NOTARY  
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: 5

1-5

2 FILER NAME

NFL for Flower Mound

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-27-12

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

JAMES M. BARRY

7 Amount of contribution (\$)

\$150.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5357 Harbor View Dr, Flower Mound, TX  
75022

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-26-12

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

EUGENE F. SVATEK

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

19643 Wildwood Ln., Strongsville, OH  
44149

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-29-12

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

HAROLD E. CALLAHAN

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4424 Sandra Lynn Dr., Flower Mound, TX  
75022

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-12

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

Jeffrey G. Dwight

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3508 CAMAR A Ct., Flower Mound, TX  
75022

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-22-12

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

CHARLES B. FARHA

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5108 BALMORRAL LN., Flower Mound, TX  
75028

(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: 5 2-5

2 FILER NAME

NFL For Flower Mound

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-28-12

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

W. H. Frantz

6 Contributor address; City; State; Zip Code

4433 Lance Dr., Flower Mound, TX 75022

7 Amount of contribution (\$)

\$300.00

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

3-30-12

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

Jennifer Giles

Contributor address; City; State; Zip Code

2901 Hornby Lane, Flower Mound, TX 75022

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-29-12

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

W. B. House

Contributor address; City; State; Zip Code

3528 LeAnne Dr., Flower Mound, TX 75022

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-30-12

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

Virginia Jellison

Contributor address; City; State; Zip Code

2705 Lake Ville Ln., Flower Mound, TX 75022

Amount of contribution (\$)

\$650.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-12

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

Jill Martin

Contributor address; City; State; Zip Code

4504 Trotter Ln., Flower Mound, TX 75028

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 <span style="float: right;">3-5</span>	
2 FILER NAME <i>NFL for Flower Mound</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-22-12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Catherine Louise Mckaige</i>	7 Amount of contribution (\$) <i>\$150.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3400 North Dr., Flower Mound, TX 75022</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3-29-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>DAWN D. Michalski</i>	Amount of contribution (\$) <i>\$300.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4609 Portsmouth Ct, Flower Mound, TX 75022</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-27-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Catherine M. Pendola</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5309 Balmoral Ln, Flower Mound, TX 75028</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-28-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>DANA J. Smith</i>	Amount of contribution (\$) <i>\$150.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5428 Lake Victoria Ct., Flower Mound, TX 75022</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3-29-12</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>DANA J. Smith</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5428 Lake Victoria Ct., Flower Mound, TX 75022</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>5</u> <u>4-5</u>	
2 FILER NAME <u>NFL for Flower Mound</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>3-30-12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>MARY STICKLAND</u>	7 Amount of contribution (\$) <u>\$750.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3204 Springwood Rd, Flower Mound, TX 75028</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3-30-12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Phyllis Sturms</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4428 Sandra Lynn Dr., Flower Mound, TX 75022</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3-23-12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Annette Taylor</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1312 Lakehurst Dr., Flower Mound, TX 75022</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3-30-12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Dr. Kurt Trampedach</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5416 PrincesLA, Flower Mound, TX 75022</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3-27-12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Carmen Vandug</u>	Amount of contribution (\$) <u>\$300.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2016 Barton Creek Ln., Flower Mound, TX 75028</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>5</u> <u>5-5</u>	
2 FILER NAME <u>NFL FOR Flower mound</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>3/27/12</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>ALBERT A WALBER</u>	7 Amount of contribution (\$) <u>150.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3229 Oak meadow DR Flower mound TX 75028</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>3/27/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Debra Mchittaker</u>	Amount of contribution (\$) <u>150.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4305 Auburn DR Flower mound TX 75028</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/25/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Lynne Wilson</u>	Amount of contribution (\$) <u>150.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1800 Birch Brook DR Flower mound TX 75028</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/25/12</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Nancy Stillmiller</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2917 Raven CR Flower mound TX 75022</u>		(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)	

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