

# 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: <b>3</b>
3 COMMITTEE NAME <b>NFL For Flower Mound</b>		OFFICE RECEIVED Date Received <b>JUL 16 2012</b> Town of Flower Mound Town Secretary's Office	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4305 Auburn DR Flower Mound TX 75028</b>		Date Hand-delivered or Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST <b>RALPH</b>	MI <b>✓</b>
	NICKNAME <b>JEFF</b>	LAST <b>WHITTAKER</b>	SUFFIX
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>4305 Auburn DR Flower Mound TX 75028</b>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>4305 Auburn DR Flower Mound TX 75028</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		<b>(972) 539 4977</b>	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" 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		
10 PERIOD COVERED	Month	Day	Year
	<b>5</b>	<b>3</b>	<b>2012</b>
	THROUGH		Month
			Day
			Year
			<b>6 / 30 / 2012</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<b>5</b>	<b>12</b>	<b>12</b>
	<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

<b>12 COMMITTEE NAME</b> <i>NFL For Flower Mound</i>		ACCOUNT # (Ethics Commission Filers)
<b>13 COMMITTEE PURPOSE</b> <small>(Attach lists on plain paper to complete this report if necessary.)</small>	<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>
<input checked="" type="checkbox"/> SUPPORT <small>(Candidate or Measure)</small>		DESCRIPTION
<input type="checkbox"/> OPPOSE <small>(Candidate or Measure)</small>		
<input type="checkbox"/> ASSIST <small>(Officeholder)</small>		

<b>14 CONTRIBUTION TOTALS</b>	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)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5445.62</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>1732.25</i>
<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.

*[Signature]*  
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Ralph Whittaker, this the 16 day of July, 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 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: <b>1</b>	2 FILER NAME <b>NFL FOR Flower mound</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>5/21/12</b>	5 Payee name <b>Booker Industries</b>
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6 Amount (\$) <b>4251.71</b>	7 Payee address; City; State; Zip Code <b>5415 Maple Ave Suite 230 Dallas TX 75235</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>MAILER</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/25/12</b>	Payee name <b>Booker Industries</b>
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Amount (\$) <b>1193.91</b>	Payee address; City; State; Zip Code <b>5415 Maple Ave Suite 230 Dallas TX 75235</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>MAILER</b>
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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