

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>AMC 1.12.12</i> <i>11:03</i>	
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>4305 Auburn DR Flower Mound TX 75028</i>		Date Hand-delivered or Postmarked	
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI <i>MR RALPH J.</i> NICKNAME LAST SUFFIX <i>JEFF WHITTAKER</i>		Receipt #	Amount
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>		Date Processed	
7 CAMPAIGN TREASURER'S MAILING ADDRESS STREET OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <i>4305 Auburn DR, Flower Mound TX 75028</i> <input type="checkbox"/> change of address		Date Imaged	
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(972) 539 4977</i>			
9 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	
10 PERIOD COVERED Month Day Year Month Day Year <i>10 / 30 / 2011 THROUGH 12 / 31 / 2011</i>			
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year <i>11 / 08 / 2011</i> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

GO TO PAGE 2

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Revised 09/28/2011

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Flower Mound Yes!</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/30/11</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mellany L Lamb</i>	7 Amount of contribution (\$) <i>25.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>5109 Prince Edward CT 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>11/4/11</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Eric Virginia Vellison</i>	Amount of contribution (\$) <i>40.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2705 Lake Villa LN Flower Mound TX 75022</i>		(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)	
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)	
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)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 1	
2 FILER NAME Flower Mound Yes!		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/3/11	5 Corporation / Labor Organization name ACEC TEXAS American Council of Engineering COS. 6 Corporation / Labor Organization address; City; State; Zip Code 1001 Congress Ave STE 200 Austin Texas 78701	7 Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
Date 11/3/11	Corporation / Labor Organization name HALFF Associates Inc. Corporation / Labor Organization address; City; State; Zip Code 1201 North Bowser Road Richardson TX 75081	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T)

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JAN 12 2012

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>12/30/11</i>	5 Payee name <i>Booker Industries</i>
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6 Amount (\$) <i>\$3115.45</i>	7 Payee address; City; State; Zip Code <i>5415 MARK Avenue #230 DALLAS TX 75235</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	<i>ADVERTISING Expense</i>	<i>ADVERTISING Production</i>

9 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
------	------------

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
------	------------

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

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JAN 12 2012

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

Flower Mound Yes!

ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

OPPOSE
(Candidate or Measure)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

11/08/2011

ASSIST
(Officeholder)

MEASURE

DESCRIPTION *Town of Flower Mound Fire Control Bd;
Town of Flower Mound Crime Control Bd;
Town of Flower Mound Ad 1*

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)

\$ *1065.00*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *3115.45*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

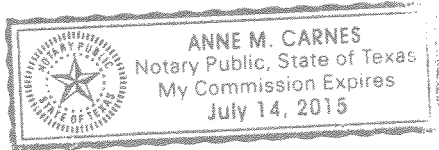
\$ *1024.55*

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 J. Whitaker
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *RALPH J. WHITTAKER*, this the *12th* day of *JAN.*, 20 *12*, to certify which, witness my hand and seal of office.

Anne Carnes
Signature of officer administering oath

Anne Carnes
Printed name of officer administering oath

Title of officer administering oath
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