

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: 5
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3 COMMITTEE NAME <i>Flower Mound Yes!</i>	OFFICE USE ONLY
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4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4305 Auburn Dr. Flower Mound, Tx 75022</i>	Date Received RECEIVED <i>OCT 31 2011 4:41</i> Town Secretary's Office Date Hand-delivered or Postmarked
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5 CAMPAIGN TREASURER NAME	MS / MRS / MR; FIRST; MI; NICKNAME; LAST; SUFFIX <i>Mr. Ralph J. "Jeff" Whittaker</i>	Receipt #; Amount; Date Processed; Date Imaged
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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 75022</i>
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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 75022</i>
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8 CAMPAIGN TREASURER PHONE	AREA CODE; PHONE NUMBER; EXTENSION <i>(972) 539-4977</i>
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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
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>10 / 18 / 2011 THROUGH 10 / 29 / 2011</i>
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11 ELECTION	ELECTION DATE Month Day Year <i>11 / 08 / 2011</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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GOTO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

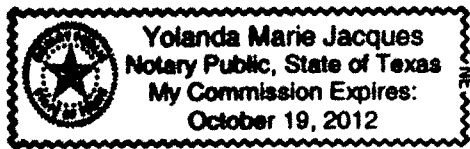
12 COMMITTEE NAME Flower Mound Yes! ACCOUNT # (Ethics Commission Filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year <u>11 / 08 / 2011</u> DESCRIPTION <u>Town of Flower Mound, Fire Control Prop 1</u> <u>Town of Flower Mound, Crime Control Prop 1</u> <u>Town of Flower Mound, Prop 1</u>

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3075</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3075</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 Whittaker
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RALPH WHITTAKER, this the 31 day of October, 20 11, to certify which, witness my hand and seal of office.

Yolanda Marie Jacques
Signature of officer administering oath

YOLANDA MARIE JACQUES
Printed name of officer administering oath

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:

1

2 FILER NAME

Flower Mound Yes!

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/20

5 Full name of contributor out-of-state PAC (ID#: _____)

Ralph J. Whitaker

6 Contributor address; City; State; Zip Code

*4305 Auburn Dr. Flower Mound, Tx
75022*

7 Amount of contribution (\$)

100

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

10/27

Full name of contributor out-of-state PAC (ID#: _____)

A J Filidoro

Contributor address; City; State; Zip Code

*3213 Augusta Dr.
Flower Mound, Tx 75028*

Amount of contribution (\$)

400

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28

Full name of contributor out-of-state PAC (ID#: _____)

Melissa Northern

Contributor address; City; State; Zip Code

*4601 Portsmouth Ct.
Flower Mound, Tx 75022*

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28

Full name of contributor out-of-state PAC (ID#: _____)

Terry Shockley

Contributor address; City; State; Zip Code

*609 Harvest Mountain Ct.
Allen, Tx 75002*

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28

Full name of contributor out-of-state PAC (ID#: _____)

Tom Cortiss

Contributor address; City; State; Zip Code

*Surrey Woods
Flower Mound, Tx 75028*

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

(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.

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

10/26

5 Corporation / Labor Organization name

Martin Fire Apparatus, Inc.

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

14233 Interdrive W.

Houston, TX 77032

7 Amount of contribution (\$)

1000

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

Date

10/26

Corporation / Labor Organization name

Teague Nalland Perkins, Inc.

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

1100 Macon St.

Fort Worth, TX 76102

Amount of contribution (\$)

1000

(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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The Instruction Guide explains how to complete this form.		1 Total pages Schedule D: <u>1</u>	
2 FILER NAME <i>Flower Mound YES!</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/27</i>	5 Corporation / Labor Organization name <i>American Council of Engineering Cos</i> 6 Corporation / Labor Organization address; City; State; Zip Code <i>2224 Norwich Pl Carrington TX 75006</i>	7 Amount of pledge (\$) <i>500</i>	8 In-kind description (if applicable)
Date <i>10/28</i>	Corporation / Labor Organization name <i>Half Associates</i> Corporation / Labor Organization address; City; State; Zip Code <i>1001 Cross timbers Rd Ste 2020 Flower mound, tx 75028</i>	Amount of pledge (\$) <i>500</i>	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED