### SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM SPAC COVER SHEET PG 1

The SPAC Instruction G form.	uide explains how to complete this	1 ACCOUNT # (Ethics Commission filers)	2 Total Pages Filed:	
3 COMMITTEE NAME		154	OFFICE USE ON	II Y
Vote Yes Dallas			Date Received	
			July Madelyea	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;  3232 McKinney Ave. 855	CITY; STATE; ZIP CODE		
Change of Address	•	Dallas TX 75204	Date Hand delivered or	Data Bastonada d
			Date Hand-delivered or	Date Postmarked
5 CAMPAIGN TREASURER		RST MI		19700
NAME	Kr	neeland	Receipt #	Amount
	NICKNAME LAS	ST SUFFIX	Date Processed	
	Yo	oungblood	Date Imaged	
			Sate Iniaged	
6 CAMPAIGN TREASURER'S		PT / SUITE #; CITY; STATE;	ZIP CODE	
STREET ADDRESS	300 Crescent Court	380		
(Residence or business)	1	Dallas TX 75204		
				,
7 CAMPAIGN TREASURER'S	STREET OR PO BOX; A	PT / SUITE #; CITY; STATE;	ZIP CODE	-
MAILING ADDRESS	3232 McKinney Ave 8	55		
Change of Address		Dallas TX 75204		
·				
	2000			-22
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		10-30
TREASURER PHONE	=			
FIIONE	(214) 871 0783			
9 REPORT TYPE	2.000.00		3000	
	Final Dissolution SPAC Report			
W	-			
10 PERIOD COVERED				
10 TENIOD COTENED	10/28/2012	THROUGH	12/31/2012	
11 ELECTION	ELECTION DATE ELECTION	ON TYPE		
	11/6/2012 Genera	al		
				·
		GO TO PAGE 2		

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC

	7 1017120		COVER SHEET PG 2
12 COMMITTEE NAME Vote Yes Dallas			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 (officehold	der)
OPPOSE (Candidate or Measure)	_	BALLOT IDENTIFICATION / #	ELECTION DATE 11/06/2012
☐ ASSIST (Officeholder)	<b>⊠</b> MEASURE	DESCRIPTION  City of Dallas Bond Election - Proposition 1 - 3	
18 CONTRIBUTION TOTALS		ONTRIBUTIONS OF \$50 OR LESS (OTHER THAN R GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 42500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EX	PENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 47546.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00
19 AFFIDAVIT		I swear, or affirm, under penalty of perjuis true and correct and includes all inform me under Title 15, Election Code.	iry, that the accompanying report nation required to be reported by
		***ELECTRONICALLY CE Signature of campaign trea	
AFFIX NOTARY STAME	•		
		Kneeland Youngblood , ti	this the day
,		Till Williess my hand and sedi of office.	
Signature of officer adm	ninistering oath	Printed name of officer administering oath	Title of officer administering cath

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### **SCHEDULE A**

	THE LEDGES ON LOAKS			
The Instruction	Guide explains how to complete this form		1 Total pages Sched	
2 FILER NAME			3 ACCOUNT # (Ethics	s Commission filers)
Vote Yes Dallas	e-			
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	,	7 Amount of Contribution (\$)	8 In-kind contribution description (if applicable)
10/30/2012	Wendy Lopez		250.00	עבאנווףנוטוו (וו עףףוונעטוני)
10/30/2012	6 Contributor address; City; State; Zip C 4931 Stanford Dallas, TX 75209		230.00	
		· · · · · · · · · · · · · · · · · · ·	(If travel outside of Texa	is, complete Schedule T)
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (	(See Instructions)	
Date	Full name of contributor 🗌 out-of-state PAC (ID#:		Amount of	In-kind contribution
10 10	Hispanic PAC of Dallas		Contribution (\$)	description (if applicable)
11/01/2012	Children ddana Chu Chata Tin (		. 500.00	1
!	Contributor address; City; State; Zip C 7729 Marquette Dallas, TX 75225	lode		Í
			(If travel outside of Texa	us, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employeer	(See Instructions)	
Date	Full name of contributorout-of-state PAC (ID#:	,	Amount of	In-kind contribution
	HDR, Inc. PAC		Contribution (\$)	description (if applicable)
10/30/2012	Contributor address; City; State; Zip C	Code	5000.00	i
	8404 Indian Hills Dr. Omaha, NE 68114			ĺ
		<u> </u>	(If travel outside of Texa	us, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (	(See Instructions)	
Date	Full name of contributor [ ] out-of-state PAC (ID#: Garver, LLC		Amount of Contribution (\$)	In-kind contribution description (if applicable)
11/09/2012	Garver, LLC		1500.00	description (if applicable)
11/09/2012	Contributor address; City; State; Zip C	Code	1300.00	
	3010 Gaylord Parkway Suite 190 Frisco, TX 75034		("E beneal publishes of Tays	The second second second
Principal occupa	ation / Job title (See Instructions)		(If travel outside of Texa (See Instructions)	is, complete Schedule T)
	1101.7 300 000 (000 1		, See mondadions,	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	In-kind contribution description (if applicable)
97	Contributor address; City; State; Zip C	Code		
			(If travel outside of Texa	ss, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (	(See Instructions)	
	ATTACH ADDITIONAL COPIES (	OF THIS FORI	M AS NFFDFD	

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 Instructio	n Guide explains how to complete this form	1 Total pages Sch 1 of 2	
2 FILER NAME Vote Yes D	allas	3 ACCOUNT #(Ethic	cs Commission filers)
4 Date	5 Corporation / Labor Organization name Texas Instruments	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
11/30/2012	6 Corporation / Labor Organization address; City; State; Zip Code 12500 TI Blvd. Dallas, TX 75243	10000.00	
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name Wells Fargo Bank	Amount of Contribution (\$)	In-kind contribution description (if applicable
11/09/2012	Corporation / Labor Organization address; City; State; Zip Code 1445 Ross Avenue Dallas, TX 75202	2500.00	
III na wa w		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name Walter P. Moore & Associates, Inc.	Amount of contribution (\$)	In-kind contribution description (if applicable
11/01/2012	Corporation / Labor Organization address; City; State; Zip Code 1845 Wiidakk ridgers Freewat Suite 1650	500.00	
	Dallas, TX 75201	(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name  Entrust One Facility Services, Inc.	Amount of contribution (\$)	In-kind contribution description (if applicable
11/01/2012	Corporation / Labor Organization address; City; State; Zip Code 11142 Shady Trail Dallas, TX 75229	250.00	
		(If travel outside	I of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind Contribution description (if applicable
	Atkins North America, Inc.	contribution (\$)	чезсприон (п аррпсавіе
11/01/2012	Corporation / Labor Organization address; City; State; Zip Code 18383 Preston Rd. Suite 500	500.00	   
	Dallas, TX 75252	(If travel outside	f Texas, complete Schedule T)
Date	Corporation / Labor Organization name Othon, Inc.	Amount of contribution (\$)	In-kind contribution description (if applicable
10/30/2012	Corporation / Labor Organization address; City; State; Zip Code 11111 Wilcrest Green Suite 128	500.00	
	Houston, TX 77042	676 harmond and add	of Texas, complete Schedule T)

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The Instruction	n Guide explains how to complete this form	1 Total pages Sch 2 of 2		
2 FILER NAME Vote Yes D	allas	3 ACCOUNT #(Ethi	cs Commission filers)	
4 Date	5 Corporation / Labor Organization name HDR Engineering Inc.	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable	
10/30/2012	6 Corporation / Labor Organization address; City; State; Zip Code 8404 Indian Hills Dr. Omaha, NE 68114	10000.00		
		(If travel outside	of Texas, complete Schedule T)	
Date	Corporation / Labor Organization name Goorondona & Associates, Inc.	Amount of Contribution (\$)	In-kind contribution description (if applicable)	
10/31/2012	Corporation / Labor Organization address; City; State; Zip Code 7524 NJack Newell Blvd. Fort Worth, TX 76118	1000.00	!   	
		(If travel outside of Texas, complete Schedule T)		
Date	Corporation / Labor Organization name Contran Corporation	Amount of contribution (\$)	In-kind contribution description (if applicable	
10/30/2012	Corporation / Labor Organization address; City; State; Zip Code 5430 LBJ Freeway Suite 31700	10000.00	 	
	Dallas, TX 75240	(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	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)	
	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable	
Date				
Date	Corporation / Labor Organization address; City; State; Zip Code	·	 	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees		Contract Labor raising Expense strict //Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this for	m.
Total pages Schedule F: 1 of 4	2 FILER NAME Vote Yes Dallas		3 ACCOUNT # (Ethics Commission Filers
Date	5 Payee name		
10/30/2012	Elettore, Inc.		
Amount (\$)	7 Payee address; City; State; Zip Code		
1000.00	P.O. Box 222195		Dallas, TX 75222
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Website	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sough	t Office held
Date	Payee name	10	
11/30/2012	Dallas Citizens Council		
Amount (\$)	Payee address; City; State; Zip Code		
5468.57	901 Main Street Suite 6212		Dallas, TX 75202
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description ( Contribution Refi	(If travel outside of Texas, complete Schedule T) und
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/14/2012	the Reeds Public Relations		
Amount (\$)	Payee address; City; State; Zip Code		
13.30	3232 McKinney Ave. Suite 855		Dallas, TX 75204
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Website Hosting	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name	Office sought	t Office held
expenditure to benefit C/OI	•		
expenditure to benefit C/Ol	Payee name		
· · · · · · · · · · · · · · · · · · ·			3
Date	Payee name		
Date 11/14/2012	Payee name the Reeds Public Relations		Dallas, TX 75204
Date 11/14/2012 Amount (\$)	Payee name the Reeds Public Relations Payee address; City; State; Zip Code	Description Postage	Dallas, TX 75204  (If travel outside of Texas, complete Schedule T)

Accounting/Banking Consulting Expense Event Expense Fees  Total pages Schedule F: 2 of 4  Date 5 t 11/14/2012  Amount (\$) 614.05  PURPOSE OF EXPENDITURE  (a)	Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide of FILER NAME Vote Yes Dallas Payee name the Reeds Public Relations Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name	e; Zip Code	ising Expense T Ctrict Rental Expense C complete this form		t & Related Expense Made By er/Political Committee y not listed above) nics Commission Filers
Consulting Expense Event Expense Fees  Total pages Schedule F: 2 of 4  Date 5 it 11/14/2012 tt Amount (\$) 7 it 614.05  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide e  FILER NAME Vote Yes Dallas  Payee name the Reeds Public Relations Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name	Travel In District Travel Out Of Dist Office Overhead/R explains how to	trict Rental Expense O complete this form	ontributions/Donations   Candidate/Officeholde   THER (enter a category)    3 ACCOUNT # (Ether)   Dallas, TX 75204	Made By er/Political Committee y not listed above) nics Commission Filers
Event Expense Fees  Total pages Schedule F:	Polling Expense Printing Expense The Instruction Guide of FILER NAME Vote Yes Dallas Payee name the Reeds Public Relations Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name	Travel Out Of Dist Office Overhead/R explains how to	trict Rental Expense O complete this form	Candidate/Officeholde THER (enter a category  3 ACCOUNT # (Eth  Dallas, TX 75204	er/Political Committee y not listed above) nics Commission Filers
Total pages Schedule F: 2 of 4  Date 5 II  11/14/2012 t  Amount (\$) 7 II  614.05  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Printing Expense The Instruction Guide of FILER NAME Vote Yes Dallas Payee name the Reeds Public Relations Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name	Office Overhead/Rexplains how to	complete this form  (b) Description (if	THER (enter a category).  3 ACCOUNT # (Ether)  Dallas, TX 75204	y not listed above)
Total pages Schedule F: 2 if 2 of 4  Date 5 if 11/14/2012 tt 2 de	The Instruction Guide of FILER NAME Vote Yes Dallas  Payee name the Reeds Public Relations Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name	explains how to	(b) Description (if	Dallas, TX 75204	nics Commission Filers
2 of 4  Date  11/14/2012  Amount (\$)  614.05  PURPOSE  OF  EXPENDITURE  Complete ONLY if direct	FILER NAME Vote Yes Dallas  Payee name the Reeds Public Relations  Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name	e; Zip Code	(b) Description (if	3 ACCOUNT # (Eth	
2 of 4  Date  11/14/2012  Amount (\$)  614.05  PURPOSE  OF  EXPENDITURE  Complete ONLY if direct	Vote Yes Dallas  Payee name the Reeds Public Relations  Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name		(b) Description (If Supplies	Dallas, TX 75204	
Date 5 I 11/14/2012 t 11/14/2012 t 11/14/2012	Payee name the Reeds Public Relations Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name		<b>(b)</b> Description (If Supplies	,	plete Schedule T)
11/14/2012 t  Amount (\$) 7 F 614.05   PURPOSE OF EXPENDITURE  Complete ONLY if direct	the Reeds Public Relations  Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name		(b) Description (If Supplies	,	plete Schedule T)
Amount (\$) 7 5 614.05  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State 3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name		(b) Description (If Supplies	,	plete Schedule T)
614.05  PURPOSE OF EXPENDITURE  Complete ONLY if direct	3232 McKinney Ave. Suite 855  Category (See categories listed at the top of Office Overhead/Rental Expense  Candidate / Officeholder name		<b>(b)</b> Description (If Supplies	,	plete Schedule T)
PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See categories listed at the top on Office Overhead/Rental Expense  Candidate / Officeholder name	f this schedule)	(b) Description (If Supplies	,	plete Schedule T)
OF EXPENDITURE  Complete ONLY if direct	Office Overhead/Rental Expense  Candidate / Officeholder name	f this schedule)	(b) Description (If Supplies	travel outside of Texas, comp	plete Schedule T)
EXPENDITURE  Complete ONLY if direct	Candidate / Officeholder name		Supplies		
			Office sought		Office held
Date F	Payee name				
11/14/2012 t	the Reeds Public Relations				
Amount (\$)	Payee address; City; State	e; Zip Code			
891.44	3232 McKinney Ave. Suite 855			Dallas, TX 75204	
071.44					
	Category (See categories listed at the top of	f this schedule)	Description (If	travel outside of Texas, comp	olete Schedule T)
OF EXPENDITURE	Food/Beverage Expense		Catering		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date F	Payee name				
10/30/2012 N	MRR & Associates				
Amount (\$) F	Payee address; City; State	e; Zip Code		· · · · · · · · · · · · · · · · · · ·	
630.00	3109 Knox Ave. Suite 424	•		Dallas, TX 75204	
PURPOSE (	Category (See categories listed at the top or	f this schedule)	Description (If	travel outside of Texas, comp	plete Schedule T)
OF F	Printing Expense	•	Direct Mail		
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date F	Payee name				
10/30/2012 N	MRR & Associates				
The state of the s		e; Zip Code			
	3109 Knox Ave. Suite 424	•		Dallos TV 75204	
745.00	7107 Kilox Ave. Suite 424			Dallas, TX 75204	
PURPOSE (	Category (See categories listed at the top of	f this schedule)	Description (If	travel outside of Texas, comp	plete Schedule T\
	Printing Expense	, <b>,</b>	Direct Mail		·
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/C		Loan Repayment/Reir	nbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	aising Expense		nent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donation	
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dis			older/Political Committee
rees	The Instruction Guide	Office Overhead/F		OTHER (enter a cate)	jory not listed above)
Total Cobodulo C		explains now to	complete this for	· · · · · · · · · · · · · · · · · · ·	
Total pages Schedule F: 3 of 4	2 FILER NAME Vote Yes Dallas			3 ACCOUNT#	Ethics Commission Filers
Date	5 Payee name				
10/30/2012	The Eppstein Group				
Amount (\$)		ate; Zip Code			•
2000.00	5307 Mockingbird Lane			Dallas, TX 752	14 ·
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top Advertising Expense	o of this schedule)	(b) Description Paid Phone	(If travel outside of Texas, o	omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	t	Office held
Date	Payee name				
10/30/2012	Becky Mayad Public Relations	***********			
Amount (\$)	Payee address; City; St	ate; Zip Code			
6000.00	3768 Northaven Rd.		,	Dallas, TX 752	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top Salaries/Wages/Contract Labor	of this schedule)	Description Media Relations	(If travel outside of Texas, c	omplete Schedule T)
EAF ENDITURE					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	t	Office held
Complete ONLY if direct		and the second s	Office sough	t	Office held
Complete ONLY if direct expenditure to benefit C/C	Payee name		Office sough	t	Office held
Complete ONLY if direct expenditure to benefit C/C Date 10/30/2012	Payee name  Becky Mayad Public Relations	ate: Zin Code	Office sough	t	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Payee name	ate; Zip Code	Office sough	Dallas, TX 752.	
Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012  Amount (\$)	Payee name  Becky Mayad Public Relations  Payee address; City; Sta				29
Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012  Amount (\$)  123.57  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Becky Mayad Public Relations Payee address; City; Sta 3768 Northaven  Category (See categories listed at the top Office Overhead/Rental Expense		Description	Dallas, TX 752.	29
Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012  Amount (\$)  123.57  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name Becky Mayad Public Relations Payee address; City; Sta 3768 Northaven  Category (See categories listed at the top Office Overhead/Rental Expense		Description Office Supplies	Dallas, TX 752.	29 omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012  Amount (\$)  123.57  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C	Payee name Becky Mayad Public Relations Payee address; City; Sta 3768 Northaven  Category (See categories listed at the top Office Overhead/Rental Expense  Candidate / Officeholder name		Description Office Supplies	Dallas, TX 752.	29 omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012  Amount (\$)  123.57  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012	Payee name Becky Mayad Public Relations Payee address; City; Sta 3768 Northaven  Category (See categories listed at the top Office Overhead/Rental Expense  Candidate / Officeholder name OH  Payee name RichardsPartners		Description Office Supplies	Dallas, TX 752.	29 omplete Schedule T)
Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012  Amount (\$)  123.57  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012	Payee name Becky Mayad Public Relations Payee address; City; Sta 3768 Northaven  Category (See categories listed at the top Office Overhead/Rental Expense  Candidate / Officeholder name OH  Payee name RichardsPartners	o of this schedule)	Description Office Supplies	Dallas, TX 752.	omplete Schedule T)  Office held
Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012  Amount (\$)  123.57  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/C  Date  10/30/2012  Amount (\$)	Payee name Becky Mayad Public Relations Payee address; City; Sta 3768 Northaven  Category (See categories listed at the top Office Overhead/Rental Expense  Candidate / Officeholder name OH  Payee name RichardsPartners Payee address; City; Sta	o of this schedule)	Description Office Supplies Office sough	Dallas, TX 752.	29 omplete Schedule T)  Office held

	EXPENDITUR	E CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Cont Solicitation/Fundraisin Travel In District Travel Out Of Distric Office Overhead/Ren	ng Expense t	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guid	de explains how to co	mplete this for	m.
Total pages Schedule F: 4 of 4	2 FILER NAME Vote Yes Dallas			3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payee name			
11/30/2012	The Reeds Public Relations			
Amount (\$) 25000.00	7 Payee address; City; S 3232 McKinney Ave., Suite 855	State; Zip Code		Dallas, TX 75204
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the t Consulting Expense	top of this schedule)	<b>b)</b> Description (ictory Bonus	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam OH	ne	Office sought	d Office held
Date	Payee name	711171 1891 1894		
Amount (\$)	Payee address; City; S	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description (	If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam DH	ne	Office sought	Office held
Date	Payee name	1 10 10 10 10 10 10 10 10 10 10 10 10 10		34
Amount (\$)	Payee address; City; S	State; Zip Code	, .	14
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam	ne	Office sought	t Office held
Date	Payee name	W. T. CONTROL II.		
Amount (\$)	Payee address; City; S	State; Zip Code	3#	
PURPOSE OF EXPENDITURE	Category (See categories listed at the t	top of this schedule)	Description (	(If travel outside of Texas, complete Schedule T)
	<u> </u>			

### POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC-DR

The Instruction Guide explains how to complete this form.

\*\* Complete only if 'Report Type' on page 1 is marked 'Dissolution' \*\* 1 COMMITTEE NAME 2 ACCOUNT # (Ethics Commission filers) Vote Yes Dallas Affidavit of Dissolution I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having as appointment fo campaign treasurer of file. \* \* \* Electronically Certified \* \* \* Signature of campaign treasurer DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Kneeland Youngblood \_\_\_\_\_\_, this the \_\_\_\_31 December \_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath