

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: 10	
3 COMMITTEE NAME Vote Yes Dallas				OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address				Date Received	
ADDRESS / PO BOX;		APT / SUITE #;		CITY; STATE; ZIP CODE	
3232 McKinney Ave.		855		Dallas TX 75204	
5 CAMPAIGN TREASURER NAME				Date Hand-delivered or Date Postmarked	
MS / MRS / MR		FIRST		MI	
		Kneeland			
NICKNAME		LAST		SUFFIX	
		Youngblood			
Receipt #		Amount			
Date Processed				Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE	
300 Crescent Court		1380		Dallas TX 75204	
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX;		APT / SUITE #; CITY; STATE; ZIP CODE	
3232 McKinney Ave		855		Dallas TX 75204	
8 CAMPAIGN TREASURER PHONE		AREA CODE		PHONE NUMBER EXTENSION	
(214)		871 0783			
9 REPORT TYPE		Final Dissolution SPAC Report			
10 PERIOD COVERED		10/28/2012		THROUGH 12/31/2012	
11 ELECTION		ELECTION DATE		ELECTION TYPE	
11/6/2012		General			

GO TO PAGE 2

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Vote Yes Dallas	ACCOUNT #(Ethics Commission filers)
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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 11/06/2012
	DESCRIPTION City of Dallas Bond Election - Proposition 1 - 3	

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR 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 EXPENDITURES 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 perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

ELECTRONICALLY CERTIFIED

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kneeland Youngblood, this the 31st day of December, 2012, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form		1 Total pages Schedule A: 1 of 1	
2 FILER NAME Vote Yes Dallas		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Wendy Lopez 6 Contributor address; City; State; Zip Code 4931 Stanford Dallas, TX 75209	7 Amount of Contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Hispanic PAC of Dallas Contributor address; City; State; Zip Code 7729 Marquette Dallas, TX 75225	Amount of Contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ HDR, Inc. PAC Contributor address; City; State; Zip Code 8404 Indian Hills Dr. Omaha, NE 68114	Amount of Contribution (\$) 5000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/09/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Garver, LLC Contributor address; City; State; Zip Code 3010 Gaylord Parkway Suite 190 Frisco, TX 75034	Amount of Contribution (\$) 1500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ Contributor address; City; State; Zip Code	Amount of Contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM 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 of 2	
2 FILER NAME Vote Yes Dallas		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/30/2012	5 Corporation / Labor Organization name Texas Instruments 6 Corporation / Labor Organization address; City; State; Zip Code 12500 TI Blvd. Dallas, TX 75243	7 Amount of contribution (\$) 10000.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
Date 11/09/2012	Corporation / Labor Organization name Wells Fargo Bank Corporation / Labor Organization address; City; State; Zip Code 1445 Ross Avenue Dallas, TX 75202	Amount of Contribution (\$) 2500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 11/01/2012	Corporation / Labor Organization name Walter P. Moore & Associates, Inc. Corporation / Labor Organization address; City; State; Zip Code 1845 Wiidakk ridgers Freewat Suite 1650 Dallas, TX 75201	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 11/01/2012	Corporation / Labor Organization name Entrust One Facility Services, Inc. Corporation / Labor Organization address; City; State; Zip Code 11142 Shady Trail Dallas, TX 75229	Amount of contribution (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 11/01/2012	Corporation / Labor Organization name Atkins North America, Inc. Corporation / Labor Organization address; City; State; Zip Code 18383 Preston Rd. Suite 500 Dallas, TX 75252	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind Contribution description (if applicable)
Date 10/30/2012	Corporation / Labor Organization name Othon, Inc. Corporation / Labor Organization address; City; State; Zip Code 11111 Wilcrest Green Suite 128 Houston, TX 77042	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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: 1 of 4	2 FILER NAME Vote Yes Dallas	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/30/2012	5 Payee name Elettore, Inc.	
6 Amount (\$) 1000.00	7 Payee address; City; State; Zip Code P.O. Box 222195 Dallas, TX 75222	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 11/30/2012	Payee name Dallas Citizens Council	
Amount (\$) 5468.57	Payee address; City; State; Zip Code 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 (If travel outside of Texas, complete Schedule T) Contribution Refund
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 11/14/2012	Payee name the Reeds Public Relations	
Amount (\$) 13.30	Payee address; City; State; Zip Code 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 (If travel outside of Texas, complete Schedule T) Website Hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 11/14/2012	Payee name the Reeds Public Relations	
Amount (\$) 60.07	Payee address; City; State; Zip Code 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 (If travel outside of Texas, complete Schedule T) Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 2 of 4	2 FILER NAME Vote Yes Dallas	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/14/2012	5 Payee name the Reeds Public Relations
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6 Amount (\$) 614.05	7 Payee address; City; State; Zip Code 3232 McKinney Ave. Suite 855 Dallas, TX 75204
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Supplies
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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 11/14/2012	Payee name the Reeds Public Relations
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Amount (\$) 891.44	Payee address; City; State; Zip Code 3232 McKinney Ave. Suite 855 Dallas, TX 75204
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Catering
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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 10/30/2012	Payee name MRR & Associates
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Amount (\$) 630.00	Payee address; City; State; Zip Code 3109 Knox Ave. Suite 424 Dallas, TX 75204
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Direct Mail
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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 10/30/2012	Payee name MRR & Associates
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Amount (\$) 745.00	Payee address; City; State; Zip Code 3109 Knox Ave. Suite 424 Dallas, TX 75204
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Direct Mail
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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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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: 3 of 4	2 FILER NAME Vote Yes Dallas	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/30/2012	5 Payee name The Eppstein Group
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6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 5307 Mockingbird Lane Dallas, TX 75214
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Paid Phone
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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 10/30/2012	Payee name Becky Mayad Public Relations
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Amount (\$) 6000.00	Payee address; City; State; Zip Code 3768 Northaven Rd. Dallas, TX 75229
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Media Relations
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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 10/30/2012	Payee name Becky Mayad Public Relations
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Amount (\$) 123.57	Payee address; City; State; Zip Code 3768 Northaven Dallas, TX 75229
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Office Supplies
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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 10/30/2012	Payee name RichardsPartners
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Amount (\$) 5000.00	Payee address; City; State; Zip Code 8750 N. Central Expy Suite 100 Dallas, TX 75231
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Design Fees
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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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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: 4 of 4	2 FILER NAME Vote Yes Dallas	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/30/2012	5 Payee name The Reeds Public Relations	
6 Amount (\$) 25000.00	7 Payee address; City; State; Zip Code 3232 McKinney Ave., Suite 855 Dallas, TX 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Victory Bonus
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Vote Yes Dallas

2 ACCOUNT #

(Ethics Commission filers)

3

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 day
of December, 2012, 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