

**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) <i>N/A</i>	2 Total pages filed: <i>2</i>
3 COMMITTEE NAME <i>Vote Yes Dallas</i>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>3232 McKinney Ave., # 855 Dallas, TX 75204</i>		Date Received <i>OCT-4 PM 1:11</i>
			Date Hand-delivered or Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Kensland</i>	FIRST <i>Youngblood</i>	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>300 Crescent Court, # 1380 Dallas, TX 75204</i>		ZIP CODE
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 <i>9 / 6 / 12</i>		Month Day Year <i>9 / 27 / 12</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 6 / 12</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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

**FORM SPAC
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.) <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 / 6 / 12</u> DESCRIPTION <u>City of Dallas Bond Campaign</u>

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)	\$ 180,000 ⁻
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 65,693 ²⁷
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 114,306 ⁷³
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.

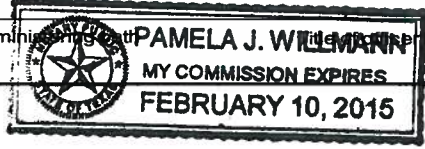
[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kneeland Youngblood, this the 4th day of October, 20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Printed name of officer administering oath PAMELA J. WILMANN



**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 Vote Yes Dallas		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 9/14/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry Andrews	7 Amount of contribution (\$) \$5000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2730 Irving Blvd. Dallas, TX 75207		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/14/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis A. Beecher, III	Amount of contribution (\$) \$5000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5950 Cedar Springs Rd., #220 Dallas, TX 75235		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas H. Brooks	Amount of contribution (\$) \$5000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6820 LBJ Freeway Dallas, TX 75240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Citizens Council	Amount of contribution (\$) \$75,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 Main Street, #6212 Dallas, TX 75202		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Citizens Council	Amount of contribution (\$) \$75,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 901 Main Street, #6212 Dallas, TX 75202		(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 Vote Yes Dallas		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 9/20/12	5 Corporation / Labor Organization name Darling International C	7 Amount of contribution (\$) \$10,000	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code 251 O'Connor Ridge, #300 Irving, TX 75038	(If travel outside of Texas, complete Schedule T)	
Date 9/24/12	Corporation / Labor Organization name Halff Associates, Inc.	Amount of contribution (\$) \$5000	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 1201 North Bowser Road Richardson, TX 75081	(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)	
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)	

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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	2 FILER NAME Vote Yes Dallas	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 9/7/12	5 Payee name The Reeds Public Relations
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6 Amount (\$) \$15,000-	7 Payee address; City; State; Zip Code 3232 McKinney Ave #855 Dallas, TX 75204
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T) General Consulting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/7/12	Payee name The Reeds Public Relations Corporation
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Amount (\$) \$16,237⁵⁰	Payee address; City; State; Zip Code 3232 McKinney Ave., #855 Dallas, TX 75204
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Yard Signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/7/12	Payee name Dresner, Wickers, Barber, Sanders
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Amount (\$) \$7500-	Payee address; City; State; Zip Code 1819 Polk Street, #373 San Francisco, CA 94109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Polling	Description (If travel outside of Texas, complete Schedule T) Polling
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/17/12	Payee name The Reeds Public Relations
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Amount (\$) \$6000	Payee address; City; State; Zip Code 3232 McKinney Ave., #855 Dallas, TX 75204
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Grassroots Advertising
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Complete ONLY 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:	2 FILER NAME Vote Yes Dallas	3 ACCOUNT # (Ethics Commission Filers) N/A
4 Date 9/24/12	5 Payee name Charles O'Neal	
6 Amount (\$) \$5000-	7 Payee address; City; State; Zip Code 501 Wynnewood Village, #30 Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T) Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/24/12	Payee name Target Placement Services	
Amount (\$) \$5000-	Payee address; City; State; Zip Code PO Box 296 Austin, TX 78767	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Yard Sign Distribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/25/12	Payee name EletHarc	
Amount (\$) \$5500	Payee address; City; State; Zip Code PO Box 222195 Dallas, TX 75222	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Website Design
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/25/12	Payee name MRR + Associates	
Amount (\$) \$5000-	Payee address; City; State; Zip Code 3109 Knox Ave., #424 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Consulting
Complete ONLY 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:	2 FILER NAME Vote Yes Dallas	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/17/12	5 Payee name The Reeds Public Relations
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6 Amount (\$) \$455 ⁰⁰	7 Payee address; City; State; Zip Code 3232 McKinney Ave., #855
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Supplies	(b) Description (If travel outside of Texas, complete Schedule T) Office Supplies
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9 Complete ONLY 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 ONLY 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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