

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: 4
3 COMMITTEE NAME ATP PAC		OFFICE USE ONLY RECEIVED - CSO 22 MAY - 3 AM 11:40 Date Received Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1805 W. PARK ROW DRIVE SUITE C ARLINGTON, TEXAS 76013		
5 CAMPAIGN TREASURER NAME MS / MRS (MR) FIRST MI NICKNAME LAST SUFFIX BRIAN G. COTTER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1805 W. PARK ROW DRIVE, SUITE C ARLINGTON, TX. 76013		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1805 W. PARK ROW DRIVE, SUITE C ARLINGTON, TX. 76013		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 274-3955	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	
10 PERIOD COVERED	Month Day Year 04 / 25 / 12	THROUGH	Month Day Year 05 / 03 / 12
11 ELECTION	ELECTION DATE Month Day Year 05 / 12 / 12	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

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

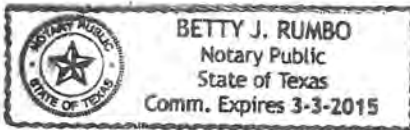
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME ATP PAC 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 checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>BEN BRUCE, DARRELL CASTILLO</u> <u>PHILLIP BENGE, CHARLA HAWKES-VINTARD</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>CITY COUNCIL ARLINGTON, TEXAS</u> <u>PLACE 1, 2, 6 & 8</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year DESCRIPTION _____

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)	\$ <u>40,100</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>14,257.46</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>25,842.54</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>NA</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.

Brian Cotter
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Cotter this the 3rd day of May, 20 12, to certify which, witness my hand and seal of office.

Betty J. Rumbo Betty J. Rumbo
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 ATP PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4.27.12		5 Payee name BOOKER INDUSTRIES			
6 Amount (\$) 3,204.94		7 Payee address; City; State; Zip Code 5415 MAPLE AVE., SUITE 230 DALLAS, TX. 75235			
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) CASTILLO MAILER	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name DARRELL CASTILLO		Office sought CITY COUNCIL	
Date 4.27.12		Payee name INOVAR PACKAGING GROUP			
Amount (\$) 992.52		Payee address; City; State; Zip Code 602 MAGIC MILE ARLINGTON, TX. 76011			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) DR. CASTILLO SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name DARRELL CASTILLO		Office sought CITY COUNCIL	
Date 5.1.12		Payee name VIETNAMESE - AMERICAN PAC			
Amount (\$) 10,000		Payee address; City; State; Zip Code 8033 SUNSCAPE LANE FORT WORTH, TX. 76123			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) VIETNAMESE RADIO, TV & PRINT ADVERTISING	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name CASTILLO, HAWKES-VINYARD, BENCE, BRUCE /		Office sought CITY COUNCIL	
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 ATP PAC		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-26-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN B. FOSTER	7 Amount of contribution (\$) 20,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 500 MAIN ST., SUITE 900 FORT WORTH, TX. 76102		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) INVESTOR		10 Employer (See Instructions) SELF EMPLOYED	
Date 4-26-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRIAN G. COTER	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1805 W. PARK ROW DR., SUITE C ARLINGTON, TX. 76013		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) LANDSCAPE ARCHITECT		Employer (See Instructions) COTER ASSOCIATES, LLC	
Date 5-2-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN B. FOSTER	Amount of contribution (\$) 20,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 500 MAIN ST., SUITE 900 FORT WORTH, TX. 76102		(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)	

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