



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

**FORM SPAC  
COVER SHEET PG 2**

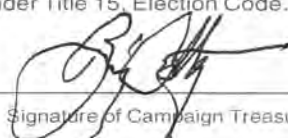
12 COMMITTEE NAME ATP PAC ACCOUNT # (Ethics Commission Filers)

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  <input type="checkbox"/> OFFICEHOLDER  <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME <u>BRUCE, CASTILLO</u> <u>RENKE, HAWKES-VINYARD</u>
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>CITY COUNCIL</u> <u>ARLINGTON, TEXAS</u> <u>PLACE 1, 2, 6 &amp; B</u>
		BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year _____ / _____ / _____ DESCRIPTION _____

14 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  CONTRIBUTION BALANCE  OUTSTANDING LOAN 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>40,100.00</u>
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>37,643.47</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2,454.33</u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15 AFFIDAVIT

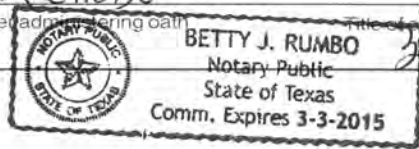
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bryan Cotter, this the 7<sup>th</sup> day of June, 20 12, to certify which, witness my hand and seal of office.

Betty J. Rumbo Signature of officer administering oath  
Betty J Rumbo Printed name of officer administering oath  
7/5/12 Date of officer administering oath  
2-30-13



**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 <b>4.26.12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN B. FOSTER</b>	7 Amount of contribution (\$) <b>20,000</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>500 MAIN ST., SUITE 900 FORT WORTH, TX. 76102</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **INVESTOR** 10 Employer (See Instructions)  
**SELF EMPLOYED**

Date <b>4.26.12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRIAN G. COTER</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1805 W. PARK ROW DR., SUITE C ARLINGTON, TX. 76013</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **LANDSCAPE ARCHITECT** Employer (See Instructions)  
**COTER ASSOCIATES, LLC**

Date <b>5.2.12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN B. FOSTER</b>	Amount of contribution (\$) <b>20,000</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>500 MAIN ST., SUITE 900 FORT WORTH, TX. 76102</b>		(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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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 <b>ATP PAC</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4.27.12</b>		5 Payee name <b>BOOKER INDUSTRIES</b>			
6 Amount (\$) <b>3,204.94</b>		7 Payee address; City; State; Zip Code <b>5415 MAPLE AVE., SUITE 230 DALLAS, TX. 75235</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>CASTILLO MAILER</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>DARRELL CASTILLO</b>		Office sought <b>CITY COUNCIL</b>	
Date <b>4.27.12</b>		Payee name <b>INOVAR PACKAGING GROUP</b>			
Amount (\$) <b>992.52</b>		Payee address; City; State; Zip Code <b>602 MAGIC MILE ARLINGTON, TX. 76011</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>DR. CASTILLO SIGNS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>DARRELL CASTILLO</b>		Office sought <b>CITY COUNCIL</b>	
Date <b>5.1.12</b>		Payee name <b>VIETNAMESE - AMERICAN PAC</b>			
Amount (\$) <b>10,000</b>		Payee address; City; State; Zip Code <b>8033 SUNSCOPE LANE FORT WORTH, TX. 76123</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>VIETNAMESE RADIO, TV &amp; PRINT ADVERTISING</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>CASTILLO, HANKES-VINYARD,</b>		Office sought <b>BENGE, BRUCE / CITY COUNCIL</b>	
Date <b>5.2.12</b>		Payee name <b>CHASE BANK</b>			
Amount (\$) <b>15.00</b>		Payee address; City; State; Zip Code <b>1301 S. BOWEN RD., ARLINGTON, TX. 76013</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>BANK WIRE "FEE"</b>		Description (If travel outside of Texas, complete Schedule T) <b>BANK WIRE TRANSFER FEE</b>	
Complete ONLY 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)  |

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1 Total pages Schedule F:		2 FILER NAME <b>ATP PAC</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>5.2.12</b>		5 Payee name <b>INOVAR PACKAGING GROUP</b>			
6 Amount (\$) <b>525.<sup>12</sup></b>		7 Payee address; City; State; Zip Code <b>4002 MAGIC MILE ARLINGTON, TX. 76011</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>CASTILLO, VIN YARD, BENGE, BRICE / CITY COUNCIL</b>		Office sought Office held	
Date <b>5.7.12</b>		Payee name <b>FAST SIGNS</b>			
Amount (\$) <b>1,311.<sup>85</sup></b>		Payee address; City; State; Zip Code <b>1140 W. BARDIN RD., #100, ARLINGTON, TX. 76017</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>SIGNS</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>CASTILLO</b>		Office sought Office held <b>CITY COUNCIL</b>	
Date <b>5.9.12</b>		Payee name <b>TEXAS POLLING &amp; CAMPAIGN DIALERS</b>			
Amount (\$) <b>147.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>P.O. BOX 1900 MANSFIELD, TX. 76063</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>POLLING</b>		Description (If travel outside of Texas, complete Schedule T) <b>PHONE DIALER</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>CASTILLO</b>		Office sought Office held <b>CITY COUNCIL</b>	
Date <b>5.9.12</b>		Payee name <b>D. FERNANDEZ ASSOCIATES</b>			
Amount (\$) <b>7,500.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>2823 QUAIL LANE, ARLINGTON, TX. 76014</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>SIGN INSTALLATION</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>CASTILLO, BENGE, VINYARD, BRICE / CITY COUNCIL</b>		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)  |

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1 Total pages Schedule F:	2 FILER NAME <b>ATP PAC</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>5.31.12</b>	5 Payee name <b>BOOKER INDUSTRIES</b>
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6 Amount (\$) <b>3,325.<sup>00</sup>/<sub>100</sub></b>	7 Payee address; City; State; Zip Code <b>5415 MAPLE AVE, SUITE 230 DALLAS, TX. 75235</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>MAILER</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CASTILLO</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>5.31.12</b>	Payee name <b>BOOKER INDUSTRIES</b>
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Amount (\$) <b>6,558.<sup>00</sup>/<sub>100</sub></b>	Payee address; City; State; Zip Code <b>5415 MAPLE AVE, SUITE 230 DALLAS, TX. 75235</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>ATP PAC MAILER</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CASTILLO, VINYARD, BENGE, BRICE</b>	Office sought	Office held
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Date <b>6.6.12</b>	Payee name <b>MWSEA</b>
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Amount (\$) <b>4,000.<sup>00</sup>/<sub>100</sub></b>	Payee address; City; State; Zip Code <b>P.O. BOX 150852 ARLINGTON, TX. 76015-9998</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>	Description (If travel outside of Texas, complete Schedule T) <b>TRUCK &amp; WALK LISTS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CASTILLO, VINYARD, BENGE, BRICE</b>	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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