

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1</b> ACCOUNT # (Ethics Commission Filers)	<b>2</b> Total pages filed:  0
<b>3</b> COMMITTEE NAME  ATP PAC		OFFICE USE ONLY RECEIVED - C\$0 12 OCT -3 AM 11:56	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX:    APT / SUITE #    CITY:    STATE:    ZIP CODE 1805 W. PARK ROW DR. SUITE C ARLINGTON, TX. 76013		Date Received  Date Hand-delivered or Postmarked  Receipt #    Amount  Date Processed  Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR    FIRST    MI    LAST    SUFFIX MR    BRIAN    G. COTTER		Date Imaged
<b>6</b> CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):    APT / SUITE #    CITY:    STATE:    ZIP CODE 1805 W. PARK ROW DR. SUITE C ARLINGTON, TX. 76013		
<b>7</b> 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 DR. SUITE C ARLINGTON, TX. 76013		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION (817) 274-3955		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" 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		
<b>10</b> PERIOD COVERED	Month    Day    Year    THROUGH    Month    Day    Year / /    THROUGH    7 / 15 / 2012		
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year 5 / 12 / 12	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	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 checked="" type="checkbox"/> CANDIDATE  <input type="checkbox"/> OFFICEHOLDER  <input type="checkbox"/> MEASURE	CANDIDATE / OFFICEHOLDER NAME BRUCE, CASTILLO BENGE, HAWKES-VINYARD  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) CITY COUNCIL DRLINGTON, TEXAS TRACE 1, 2, 4 & 8  BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month Day Year / /  DESCRIPTION
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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)	\$ 40,100
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 37,043.47
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,450.33
	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 19 Election Code.

*[Signature]*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Cotter, this the First 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

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:

2 FILER NAME

ATP PAC

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4-26-12

5 Full name of contributor  out-of-state PAC (ID#)

JOHN B. FOSTER

6 Contributor address; City; State; Zip Code  
500 MAIN ST., SUITE 900  
FORT WORTH, TX. 76102

7 Amount of contribution (\$)

20,000

8 In-kind contribution description (if applicable)

(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  out-of-state PAC (ID#)

BRIAN G. COTER

Contributor address; City; State; Zip Code  
1805 W. PARK ROW DR., SUITE C  
ARLINGTON, TX. 76013

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(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  out-of-state PAC (ID#)

JOHN B. FOSTER

Contributor address; City; State; Zip Code  
500 MAIN ST., SUITE 900  
FORT WORTH, TX. 76102

Amount of contribution (\$)

20,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

INVESTOR

Employer (See Instructions)

SELF EMPLOYED

Date

Full name of contributor  out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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)
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4 Date <b>4.27.12</b>	5 Payee name <b>BOOKER INDUSTRIES</b>
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6 Amount (\$) <b>3,204.94</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 EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>CASTILLO MAILER</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>DARRELL CASTILLO</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>4.27.12</b>	Payee name <b>INOVAR PACKAGING GROUP</b>
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Amount (\$) <b>992.52</b>	Payee address; City; State; Zip Code <b>602 MAGIC MILE ARLINGTON, TX. 76011</b>
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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>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>DARRELL CASTILLO</b>	Office sought <b>CITY COUNCIL</b>	Office held
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Date <b>5.1.12</b>	Payee name <b>VIETNAMESE - AMERICAN PAC</b>
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Amount (\$) <b>10,000</b>	Payee address; City; State; Zip Code <b>8033 SUNSCOPE LANE FORT WORTH, TX. 76123</b>
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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>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>CASTILLO, HANKS - VINYARD, BENGE, BRUCE / CITY COUNCIL</b>	Office sought	Office held
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Date <b>5.2.12</b>	Payee name <b>CHASE BANK</b>
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Amount (\$) <b>15.00</b>	Payee address; City; State; Zip Code <b>1301 S. BOWEN RD., ARLINGTON, TX. 76013</b>
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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>
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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 <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>528.<sup>12</sup></b>		7 Payee address; City; State; Zip Code <b>4002 MASIC 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, VINYARD, BENGE, BRUCE / 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. 76016</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, BRUCE / 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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<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME <i>ATP PAC</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>5.31.12</i>	<b>5</b> Payee name <i>BOOKER INDUSTRIES</i>	
<b>6</b> Amount (\$) <i>3,325.36</i>	<b>7</b> Payee address; City; State; Zip Code <i>5415 MAPLE AVE, SUITE 230 DALLAS, TX. 75235</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>MAILER</i>
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CASTILLO</i>	Office sought / Office held <i>CITY COUNCIL</i>
Date <i>5.31.12</i>	Payee name <i>BOOKER INDUSTRIES</i>	
Amount (\$) <i>6,558.88</i>	Payee address; City; State; Zip Code <i>5415 MAPLE AVE, SUITE 230 DALLAS, TX. 75235</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	Description (If travel outside of Texas, complete Schedule T) <i>ATP PAC MAILER</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CASTILLO, VINYARD, BENGE, BRICE</i>	Office sought / Office held
Date <i>6.6.12</i>	Payee name <i>MWSEA</i>	
Amount (\$) <i>4,000.00</i>	Payee address; City; State; Zip Code <i>P.O. BOX 150852 ARLINGTON, TX. 76015-9998</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING</i>	Description (If travel outside of Texas, complete Schedule T) <i>TRUCK &amp; WALK LISTS</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>CASTILLO, VINYARD, BENGE, BRICE</i>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED