

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: 8
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3 COMMITTEE NAME ATP PAC	OFFICE USE ONLY
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4 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 13 JAN - 9 PM 1:04	RECEIVED - CSO
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5 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI BRIAN G	Receipt #	Amount
	NICKNAME LAST SUFFIX COTTER	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 1805 W. PARK ROW DR., SUITE C ARLINGTON, TX - 76013
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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 DR., SUITE C ARLINGTON, TX - 76013
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 274-3955
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9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / 1/15/13
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11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5/12/12
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**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>BRUCE, CASTILLO</u> <u>BENGE, HAWKES-VINYARD</u>
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>CITY COUNCIL</u> <u>ARLINGTON, TEXAS</u> <u>PLACE 1, 2, 0 & B</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>38,393.⁶⁷</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,706.³³</u>
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 Lynn L. Luke, this the 14 day of JANUARY, 20 13, 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

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

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 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 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)
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: 5		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 SUNSCOPE 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, HANKES - VINYARD, BENGE, BRUCE / CITY COUNCIL			
Date 5.2.12		Payee name CHASE BANK			
Amount (\$) 15.00		Payee address; City; State; Zip Code 1301 S. BOWEN RD., ARLINGTON, TX. 76013			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANK WIRE "FEE"		Description (If travel outside of Texas, complete Schedule T) BANK WIRE TRANSFER FEE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name			

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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: 5	2 FILER NAME ATP PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5.2.12	5 Payee name INOVAR PACKAGING GROUP
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6 Amount (\$) 525.¹²	7 Payee address; City; State; Zip Code 4002 MAGIC MILE ARLINGTON, TX. 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) SIGNS
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CASTILLO, VIN YARD, BENGE, BRICE / CITY COUNCIL	Office sought	Office held
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Date 5.7.12	Payee name FAST SIGNS
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Amount (\$) 1,311.⁸⁵	Payee address; City; State; Zip Code 1140 W. BARDIN RD., #100, ARLINGTON, TX. 76017
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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) SIGNS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CASTILLO	Office sought CITY COUNCIL	Office held
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Date 5.9.12	Payee name TEXAS TOWNING & CAMPAIGN DIALERS
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Amount (\$) 147.⁰⁰	Payee address; City; State; Zip Code P.O. BOX 1900 MANSFIELD, TX. 76063
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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) PHONE DIALER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CASTILLO	Office sought CITY COUNCIL	Office held
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Date 5.9.12	Payee name D. FERNANDEZ ASSOCIATES
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Amount (\$) 7,500.⁰⁰	Payee address; City; State; Zip Code 2803 QUAIL LANE, ARLINGTON, TX. 76016
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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) SIGN INSTALLATION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CASTILLO, BENGE, VIN YARD, BRICE / CITY COUNCIL	Office sought	Office held
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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: 5	2 FILER NAME ATP PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5.31.12	5 Payee name BOOKER INDUSTRIES
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6 Amount (\$) 3,325. ³⁶	7 Payee address; City; State; Zip Code 5415 MAPLE AVE, SUITE 230 DALLAS, TX. 75235
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) MAILER
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CASTILLO	Office sought CITY COUNCIL	Office held
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Date 5.31.12	Payee name BOOKER INDUSTRIES
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Amount (\$) 6,558. ⁸⁸	Payee address; City; State; Zip Code 5415 MAPLE AVE, SUITE 230 DALLAS, TX. 75235
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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) ATP PAC MAILER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CASTILLO, VINYARD, BENGIE, BRICE	Office sought	Office held
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Date 6.6.12	Payee name MWSEA
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Amount (\$) 4,000. ⁰⁰	Payee address; City; State; Zip Code P.O. BOX 150852 ARLINGTON, TX. 76015-9998
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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) TRUCK & WALK LOTS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name CASTILLO, VINYARD, BENGIE, BRICE	Office sought	Office held
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Date 8.31.12	Payee name CHASE BANK
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Amount (\$) 15. ⁰⁰	Payee address; City; State; Zip Code 1901 S. BOWEN RD. ARLINGTON, TX. 76013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) CHECKING ACT. FEE
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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: 5	2 FILER NAME ATP PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9-31-12	5 Payee name CHASE BANK
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6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 1301 S. BOWEN RD. ARLINGTON, TX. 76013
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) CHECKING ACT. FEE
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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 8-10-12	Payee name HMSW CPA, PLLC
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Amount (\$) 675.00	Payee address; City; State; Zip Code 1010 N. CENTER ST. ARLINGTON, TX. 76011
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ACCOUNTING	Description (If travel outside of Texas, complete Schedule T) IRS FORM CPA FEE
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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 10-31-12	Payee name CHASE BANK
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Amount (\$) 15.00	Payee address; City; State; Zip Code 1301 S. BOWEN RD. ARLINGTON, TX. 76013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) CHECKING ACT. FEE
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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 11-31-12	Payee name CHASE BANK
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Amount (\$) 15.00	Payee address; City; State; Zip Code 1301 S. BOWEN RD. ARLINGTON, TX. 76013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) CHECKING ACT. FEE
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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: 5	2 FILER NAME ATP PAC	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12.31.12	5 Payee name CHASE BANK
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6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 1301 S. BOWEN ROAD ARLINGTON, TX 76013
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) CHECKING ACT. FEE
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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
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)
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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
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)
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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
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)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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