

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS / MR FIRST MI DARRALL F. NICKNAME LAST SUFFIX CASTILLO		OFFICE USE ONLY Date Received 12 MAY 4 PM 1:37 RECEIVED - CSO Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1130 BARRON West Drive ARLINGTON TX 76017		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 313-7999		
6 CAMPAIGN TREASURER NAME	MS/MRS / MR FIRST MI EDWARD J. NICKNAME LAST SUFFIX LOBB		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 4705 Stanley Kessler Rd. Haltom City TX 76117		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 822 5061		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04 / 13 / 2012 THROUGH 04 / 30 / 2012		
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 05 / 12 / 2012		
12 OFFICE	OFFICE HELD (if any) -	13 OFFICE SOUGHT (if known) Arlington City Council	
GOTO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

DARRELL F. CASTILLO

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

A.T.P. P.A.C.

COMMITTEE ADDRESS

1805 W. Park Row Drive #C
Arlington Texas 76013

COMMITTEE CAMPAIGN TREASURER NAME

Mr. Brian Cotter

COMMITTEE CAMPAIGN TREASURER ADDRESS

1805 W. Park Row Drive #C
Arlington Texas 76013

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 48.25

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 15,822.35

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 15,870.60

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 195.78

OUTSTANDING
LOAN TOTALS

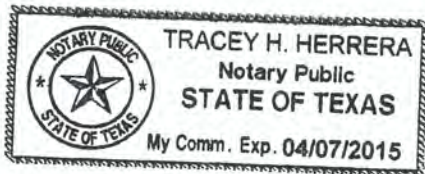
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 500.00*

18 AFFIDAVIT

* Carry forward from 1st reporting period.

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DARRELL F. CASTILLO, this the 4 day of May, 20 12, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

TRACEY H. HERRERA

Printed name of officer administering oath

NOTARY PUBLIC

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 **DARRELL F. CASTILLO** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 04/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paypal Online Contribution	7 Amount of contribution (\$) 48.25	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code UNKNOWN		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 04/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A.T.P.P.A.C.	Amount of contribution (\$) 992.52	In-kind contribution description (if applicable) Payment for additional political signs
Contributor address: City: State: Zip Code 1805 W. Park Row Drive #C Arlington TX 76013		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 04/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: A.T.P.P.A.C.	Amount of contribution (\$) 3224.94	In-kind contribution description (if applicable) Payment for First Mailer
Contributor address: City: State: Zip Code 1805 W. Park Row Drive #C Arlington TX 76013		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 03/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK CAFFEY	Amount of contribution (\$) 2564.89	In-kind contribution description (if applicable) Credit Card Payment for Signs.
Contributor address: City: State: Zip Code Arlington, Texas		(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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

1

2 FILER NAME

DARRELL F. CASTILLO

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

\$ - 0 -

5 Date

6 Full name of pledgor out-of-state PAC (ID# _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

NONE

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

NONE

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

NONE

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

NONE

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID# _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

NONE

(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.

LOANS **SCHEDULE E**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:
1

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)
DARRELL F. CASTILLO

4 TOTAL OF UNITEMIZED LOANS: \$ - 0 -

5 Date of loan 03/06/12 7 Name of lender DARRELL F. CASTILLO out-of-state PAC (ID# N/A) 9 Loan Amount (\$) 500.00

6 Is lender a financial institution? Y 8 Lender address: 1130 Baroncrest Drive 10 Interest rate - 0 -

Arlington Texas 76017 11 Maturity date N/A

12 Principal occupation / Job title (See Instructions) College Professor 13 Employer (See Instructions) TAMANT County College

14 Description of Collateral none 15 Check if personal funds were deposited into political account Carry forward from 1st period

16 GUARANTOR INFORMATION not applicable 17 Name of guarantor N/A 18 Guarantor address: N/A City: N/A State: N/A Zip Code: N/A 19 Amount Guaranteed (\$) N/A

20 Principal Occupation (See Instructions) N/A 21 Employer (See Instructions) N/A

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#)	Loan Amount (\$)
Is lender a financial institution?	Lender address; City; State; Zip Code	Interest rate
Y N		Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION not applicable Name of guarantor Guarantor address: City; State; Zip Code Amount Guaranteed (\$)

Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: 1	2 FILER NAME DARRELL F. CASTILLO	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/14/12	5 Payee name MARK CAFFEY	
6 Amount (\$) 2,564.89	7 Payee address; City; State; Zip Code Arlington Texas	
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) Credit Card Payment for Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/27/2012	Payee name A.T.P. P.A.C.	
Amount (\$) 3,224.94	Payee address; City; State; Zip Code 1805 West Park Row Drive # C Arlington Texas 76013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Payment for First Mailer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/27/2012	Payee name A.T.P. P.A.C.	
Amount (\$)	Payee address; City; State; Zip Code 1805 West Park Row Drive # C Arlington Texas 76013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Payment for Additional Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 1	2 FILER NAME DARRELL F. CASTILLO	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/30/2012	5 Business name NONE	
6 Amount (\$) 0-	7 Business address; City; State; Zip Code N/A	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) N/A	(b) Description (If travel outside of Texas, complete Schedule T) N/A
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date N/A	Business name N/A	
Amount (\$) N/A	Business address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) N/A	Description (If travel outside of Texas, complete Schedule T) N/A
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date N/A	Business name N/A	
Amount (\$) N/A	Business address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) N/A	Description (If travel outside of Texas, complete Schedule T) N/A
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date N/A	Business name N/A	
Amount (\$) N/A	Business address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) N/A	Description (If travel outside of Texas, complete Schedule T) N/A
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME DARRELL F. CASTILLO		3 ACCOUNT # (Ethics Commission Filers)
4 Date N/A	5 Name of person from whom amount is received N/A	8 Amount (\$) 0
	6 Address of person from whom amount is received; City; State; Zip Code N/A	
	7 Purpose for which amount is received N/A	
Date N/A	Name of person from whom amount is received N/A	Amount (\$) N/A
	Address of person from whom amount is received; City; State; Zip Code N/A	
	Purpose for which amount is received N/A	
Date N/A	Name of person from whom amount is received N/A	Amount (\$) N/A
	Address of person from whom amount is received; City; State; Zip Code N/A	
	Purpose for which amount is received N/A	
Date N/A	Name of person from whom amount is received N/A	Amount (\$) N/A
	Address of person from whom amount is received; City; State; Zip Code N/A	
	Purpose for which amount is received N/A	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED