Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# 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:

3 COMMITTEE NAME
ATP PAC

**OFFICE USE ONLY**
Date Received
RECEIVED - CSO
13 MAY 16 AM 11:32
Date Hand-delivered or Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
☐ change of address
ADDRESS / PO BOX: 1805 W. PARK ROW DR.
APT / SUITE #: SUITE C
CITY: ARLINGTON
STATE: TX
ZIP CODE: 76013

5 CAMPAIGN TREASURER NAME
MS / MRS / MR: MR
FIRST: BRIAN
MI: G.
NICKNAME:
LAST: COTTER
SUFFIX:

6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 1805 W. PARK ROW DR.
APT / SUITE #: SUITE C
CITY: ARLINGTON
STATE: TX
ZIP CODE: 76013

7 CAMPAIGN TREASURER'S MAILING ADDRESS
☐ change of address
STREET OR PO BOX: 1805 W. PARK ROW DR.
APT / SUITE #: SUITE C
CITY: ARLINGTON
STATE: TX
ZIP CODE: 76013

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817)
PHONE NUMBER: 274-3955
EXTENSION:

9 REPORT TYPE
☐ January 15
☐ July 15
☐ 30th day before election
☐ 8th day before election
☐ Runoff
☐ Exceeded $500 limit
☑ Dissolution (attach PAC-DR)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED
Month / Day / Year: / /
THROUGH
Month / Day / Year: 5 / 10 / 13

11 ELECTION
ELECTION DATE
Month / Day / Year: 5 / 12 / 12
ELECTION TYPE
☐ Primary ☐ Runoff ☑ General ☐ Special

GO TO PAGE 2

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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.)

- [x] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)

- [x] CANDIDATE
- [ ] OFFICEHOLDER
- [ ] MEASURE

CANDIDATE / OFFICEHOLDER NAME
BRICE, CASTILLO
BONGE, HAWKES - VINYARD

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
CITY COUNCIL
ARLINGTON, TEXAS
PLACE 1, 2, 6 & 8

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) | $ 40,100 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED | $ |
| | 4. **TOTAL POLITICAL EXPENDITURES** | $ 40,100 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | $ -0- |
| 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 of Campaign Treasurer

CAROLYN A. MEBUS
Notary Public
State of Texas
Comm. Expires 03/16/2017

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Cotter, this the 16th day of May, 20 13, to certify which, witness my hand and seal of office.

Carolyn A Mebus — Carolyn A. Mebus — Notary

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

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# 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 | 5 Full name of contributor / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 4-26-12 | JOHN B. FOSTER<br>500 MAIN ST., SUITE 900<br>FORT WORTH, TX. 76102 | 20,000 | (If travel outside of Texas, complete Schedule T) |

9 Principal occupation / Job title (See Instructions): INVESTOR

10 Employer (See Instructions): SELF EMPLOYED

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 4-26-12 | BRIAN G. COTTER<br>1805 W. PARK ROW DR., SUITE C<br>ARLINGTON, TX. 76013 | 100 | (If travel outside of Texas, complete Schedule T) |

Principal occupation / Job title (See Instructions): LANDSCAPE ARCHITECT

Employer (See Instructions): COTER ASSOCIATES, LLC

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| 5-2-12 | JOHN B. FOSTER<br>500 MAIN ST., SUITE 900<br>FORT WORTH, TX. 76102 | 20,000 | (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 / 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 / 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.**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

# 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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: 6

2 FILER NAME: ATP PAC

3 ACCOUNT # (Ethics Commission Filers):

---

4 Date: 4.27.12

5 Payee name: BOOKER INDUSTRIES

6 Amount ($): 3,264.94

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

Office held:

---

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

Office held:

---

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, BENGE, BRUCE / CITY COUNCIL

Office sought:

Office held:

---

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:

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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 | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| 6 | ATP PAC | |

| 4 Date | 5 Payee name |
|---|---|
| 5.2.12 | INOVAR PACKAGING GROUP |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 528.12 | 602 MAGIC MILE ARLINGTON, TX. 76011 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | ADVERTISING | SIGNS |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | CASTILLO, VINYARD, BENGE, BRICE | / CITY COUNCIL | |

| Date | Payee name |
|---|---|
| 5.7.12 | FAST SIGNS |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 1,311.85 | 1140 W. BARDIN RD., #100, ARLINGTON, TX. 76017 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | ADVERTISING | SIGNS |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | CASTILLO | / CITY COUNCIL | |

| Date | Payee name |
|---|---|
| 5.9.12 | TEXAS POLLING & CAMPAIGN DIALERS |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 147.00 | P.O. BOX 1900 MANSFIELD, TX. 76063 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | POLLING | PHONE DIALER |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | CASTILLO | / CITY COUNCIL | |

| Date | Payee name |
|---|---|
| 5.9.12 | D. FERNANDEZ ASSOCIATES |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 7,500.00 | 2823 QUAIL LANE, ARLINGTON, TX. 76016 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | ADVERTISING | SIGN INSTALLATION |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | CASTILLO, BENGE, VINYARD, BRICE | / CITY COUNCIL | |

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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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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 | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| 5 | ATP PAC | |

| 4 Date | 5 Payee name |
|---|---|
| 5.31.12 | BOOKER INDUSTRIES |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 3,325.36 | 5415 MAPLE AVE, SUITE 230 DALLAS, TX. 75235 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | ADVERTISING | MAILER |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | CASTILLO | CITY COUNCIL | |

| Date | Payee name |
|---|---|
| 5.31.12 | BOOKER INDUSTRIES |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 6,558.88 | 5415 MAPLE AVE, SUITE 230 DALLAS, TX. 75235 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | ADVERTISING | ATP PAC MAILER |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | CASTILLO, VINYARD, BENGE, BRUCE | | |

| Date | Payee name |
|---|---|
| 6.6.12 | MWSEA |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 4,000.00 | P.O. BOX 150852 ARLINGTON, TX. 76015-9998 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | ADVERTISING | PHONE & WALK LISTS |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | CASTILLO, VINYARD, BENGE, BRUCE | | |

| Date | Payee name |
|---|---|
| 8.31.12 | CHASE BANK |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 15.00 | 1301 S. BOWEN RD. ARLINGTON, TX. 76013 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | BANKING | CHECKING ACT. FEE |

| 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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 | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| 5 | ATP PAC | |

| 4 Date | 5 Payee name |
|---|---|
| 9.31.12 | CHASE BANK |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 15.00 | 1301 S. BOWEN RD. ARLINGTON, TX. 76013 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | BANKING | CHECKING ACT. FEE |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 8.10.12 | HMSW CPA, PLLC |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 675.00 | 1010 N. CENTER ST. ARLINGTON, TX. 76011 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | ACCOUNTING | IRS FORM CPA FEE |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10.31.12 | CHASE BANK |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 15.00 | 1301 S. BOWEN RD. ARLINGTON, TX. 76013 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | BANKING | CHECKING ACT. FEE |

| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 11.31.12 | CHASE BANK |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 15.00 | 1301 S. BOWEN RD. ARLINGTON, TX. 76013 |

| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|---|---|---|
| | BANKING | CHECKING ACT. FEE |

| 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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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: 6 | 2 FILER NAME ATP PAC | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 4.30.13 | 5 Payee name CHASE BANK | |
| 6 Amount ($) 15.00 | 7 Payee address; City; State; Zip Code 1301 S. BOWEN RD. ARLINGTON, TX. 76013 | |
| 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 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

| | | |
|---|---|---|
| Date 5.10.13 | Payee name FIRST UNITED METHODIST CHURCH | |
| Amount ($) 1,046.33 | Payee address; City; State; Zip Code 313 N. CENTER ST. ARLINGTON, TX. 76011 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) 501C3 DONATION | Description (If travel outside of Texas, complete Schedule T) DONATION OF PAC BALANCE TO A 501C3 NON PROFIT |
| Complete ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| 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 | 3 ACCOUNT # (Ethics Commission Filers) |
|---|---|---|
| 6 | ATP PAC | |

**Entry 1**

| 4 Date | 5 Payee name |
|---|---|
| 12.31.12 | CHASE BANK |
| **6 Amount ($)** | **7 Payee address; City; State; Zip Code** |
| 15.00 | 1301 S. BOWEN ROAD ARLINGTON, TX. 76013 |
| **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 |
| **9 Complete ONLY if direct expenditure to benefit C/OH** | Candidate / Officeholder name: — Office sought: — Office held: |

**Entry 2**

| Date | Payee name |
|---|---|
| 1.31.13 | CHASE BANK |
| **Amount ($)** | **Payee address; City; State; Zip Code** |
| 15.00 | 1301 S. BOWEN RD. ARLINGTON TX. 76013 |
| **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 |
| **Complete ONLY if direct expenditure to benefit C/OH** | Candidate / Officeholder name: — Office sought: — Office held: |

**Entry 3**

| Date | Payee name |
|---|---|
| 2.28.13 | CHASE BANK |
| **Amount ($)** | **Payee address; City; State; Zip Code** |
| 15.00 | 1301 S. BOWEN RD. ARLINGTON, TX 76013 |
| **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 |
| **Complete ONLY if direct expenditure to benefit C/OH** | Candidate / Officeholder name: — Office sought: — Office held: |

**Entry 4**

| Date | Payee name |
|---|---|
| 3.29.13 | CHASE BANK |
| **Amount ($)** | **Payee address; City; State; Zip Code** |
| 15.00 | 1301 S. BOWEN RD. ARLINGTON, TX. 76013 |
| **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 |
| **Complete ONLY if direct expenditure to benefit C/OH** | Candidate / Officeholder name: — Office sought: — Office held: |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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# POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM **PAC - DR**

**The Instruction Guide explains how to complete this form.**
**•• Complete only if "Report Type" on page 1 is marked "Dissolution" ••**

1 COMMITTEE NAME
ATP PAC

2 ACCOUNT # (Ethics Commission Filers)

## 3 Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED**

CAROLYN A. MEBUS
Notary Public
State of Texas
Comm. Expires 03/16/2017

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Cotter, this the 16th day of May, 2013, 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 |
|---|---|---|
| Carolyn A. Mebus | Carolyn A. Mebus | Notary |