

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

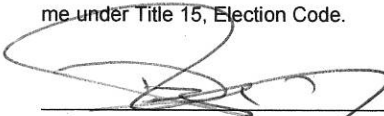
FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI DARLAN I NICKNAME LAST SUFFIX PATEL		RECEIVED OFFICE USE ONLY Date Received APR 13 REC'D SUPERINTENDENT'S OFFICE NORTH EAST ISD 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 3722 LUESTA DE SOL SAN ANTONIO, TX 78261		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (352) 682-9726		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI PATEL NICKNAME LAST SUFFIX DARLAN LAM		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SAME AS ABOVE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (714) 420-2740		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 03 / 05 / 12 04 / 12 / 12		
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 / 12		
12 OFFICE	OFFICE HELD (if any) —	13 OFFICE SOUGHT (if known) 2010 BOARD OF TARRANTS	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

FORM C/OH
COVER SHEET PG 2

19 AFFIDAVIT

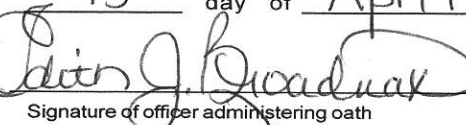
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Darpan Patel, this the 13th day of April, 20 12, to certify which, witness my hand and seal of office.

 Edith J. Broadnax Admin Asst / No
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>DARRAN BASEL</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>04/11/12</i>		5 Payee name <i>ALMED ADVERTISING</i>			
6 Amount (\$) <i>\$513.59</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>3700 BLANCO RD SAN ANTONIO, TX 78212</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Signs</i>	
Date <i>04/12/12</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>\$25.37</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>20740 US HWY 281 NORTH SAN ANTONIO, TX 78259</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sign making</i>	
Date <i>04/12/12</i>		Payee name <i>Home Depot</i>			
Amount (\$) <i>\$4.30</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>20740 US HWY 281 NORTH SAN ANTONIO, TX 78259</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Sign making & misc.</i>	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED