

# 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 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <u>Darren</u> S. NICKNAME LAST SUFFIX <u>Patel</u>		<b>OFFICE USE ONLY</b> Date Received <b>RECEIVED</b> <b>MAY 04 REC'D</b> 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 <u>3722 Puerta De Sol</u> <u>San Antonio, TX 78261</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(352)</u> <u>682-9726</u>		
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR FIRST MI <u>Pam</u> NICKNAME LAST SUFFIX <u>Larmi</u>		
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>SAME AS ABOVE</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(714)</u> <u>420-2740</u>		
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 <u>04 / 03 / 2012</u> <u>05 / 02 / 2012</u>		
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 <u>05 / 12 / 2012</u>		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	<u>—</u>		<u>WEISS Board of Trustees</u> <u>District 5</u>

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

DARRAN PATRICK

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

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 543.22

CONTRIBUTION  
BALANCE

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

\$ 0

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 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 DARRAN PATRICK, this the 4th day of May, 20 12, to certify which, witness my hand and seal of office.

Edith J. Broadnax

Signature of officer administering oath

Edith J. Broadnax

Printed name of officer administering oath

Notary

Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>1</b>	2 FILER NAME <b>DARIN PATER</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>04/11/12</b>	5 Payee name <b>Amico Accounting</b>
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6 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>3700 Blanco St San Antonio, TX 78212</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>Sibins</b>
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Date <b>04/12/12</b>	Payee name <b>Home Depot</b>
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Amount (\$) <b>29.67</b>  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>11740 US Hwy 181 San Antonio, TX 78259</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>Sibins meetings &amp; misc</b>
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Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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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Date	Payee name
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Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED