

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 <u>DARLAN</u> MI <u>I.</u> NICKNAME LAST SUFFIX <u>PATEL</u>		OFFICE USE ONLY Date Received RECEIVED JUN 7 REC'D
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <u>3722 RUSSELL BLVD</u> <u>SAN ANTONIO, TX 78261</u> <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(352) 662-9726</u>		Date Hand-delivered or Postmarked
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR FIRST <u>PRITI</u> MI NICKNAME LAST SUFFIX <u>VERMA</u>		Receipt # Amount
	7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE <u>SAME AS ABOVE</u>		Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(714) 420-2740</u>		Date Imaged
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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>05 / 03 / 12</u> <u>06 / 06 / 12</u>		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE <u>05 / 12 / 12</u> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>NEED BOARD OF TRUSTEES</u> <u>DISMISSED</u>

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Danaan Pate

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)

\$ 500

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

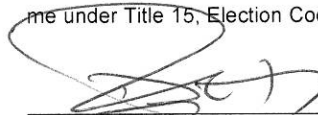
OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT

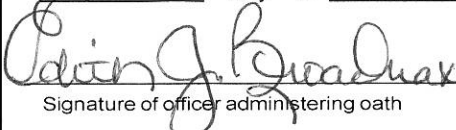
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

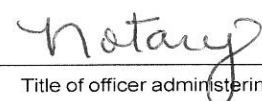
Sworn to and subscribed before me, by the said Danaan Pate, this the 7th day of June, 20 12, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Edith J. Broadnax

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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

05/12/12

6 Contributor address; City; State; Zip Code

1500

2011 EAST AVE
6800 PARK TOWNSHIP BLVD W
SAN ANTONIO, TX 78213

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Owner

Date

Full name of contributor ☐ 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)

Date

Full name of contributor ☐ 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)

Date

Full name of contributor ☐ 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)

Date

Full name of contributor ☐ 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.

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: <div style="text-align: center; font-size: 24pt;">1</div>	2 FILER NAME <div style="font-family: cursive; font-size: 1.2em;">Dorian Pater</div>	3 ACCOUNT # (Ethics Commission Filers) <div style="text-align: center;">-</div>
4 Date <div style="font-family: cursive; font-size: 1.2em;">04/11/12</div>	5 Payee name <div style="font-family: cursive; font-size: 1.2em;">Amico Acupuncture</div>	
6 Amount (\$) <div style="font-family: cursive; font-size: 1.2em;">513.59</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	7 Payee address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">3700 Blanco Rd San Antonio, TX 78212</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <div style="font-family: cursive; font-size: 1.2em;">Advertising Expense</div>	(b) Description (If travel outside of Texas, complete Schedule T) <div style="font-family: cursive; font-size: 1.2em;">Skins</div>
Date <div style="font-family: cursive; font-size: 1.2em;">04/12/12</div>	Payee name <div style="font-family: cursive; font-size: 1.2em;">Home Depot</div>	
Amount (\$) <div style="font-family: cursive; font-size: 1.2em;">29.67</div> <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	Payee address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">20740 US Hwy 281 San Antonio, TX 78259</div>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <div style="font-family: cursive; font-size: 1.2em;">Advertising expense</div>	Description (If travel outside of Texas, complete Schedule T) <div style="font-family: cursive; font-size: 1.2em;">skin materials & misc</div>
Date	Payee name	
Amount (\$) <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	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)
Date	Payee name	
Amount (\$) <div style="margin-top: 5px;"> <input type="checkbox"/> Reimbursement from political contributions intended </div>	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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME
Davean Patel
2 ACCOUNT # (Ethics Commission Filers)
3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

 •• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

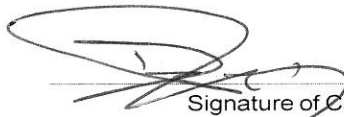
☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

 •• Complete this section *only* if you are an officeholder ••

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder