

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>8</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align:center;"><b>Mary</b>                      <b>P.</b></p> <hr/> NICKNAME                      LAST                      SUFFIX <p style="text-align:center;"><b>Patti</b>                      <b>Radle</b></p>	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <p><b>1202 Tampico Street    San Antonio    Texas    78207</b></p>	01-10-19P02:12 RCVD	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <p><b>( 210 )                      225-6913</b></p>	Date <u>Hand-delivered</u> or Date Postmarked <b>1-10-19</b>	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align:center;"><b>Joanne</b></p> <hr/> NICKNAME                      LAST                      SUFFIX <p style="text-align:center;"><b>Sanchez</b></p>	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <p><b>615 Brady                      San Antonio, Texas    78207</b></p>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <p><b>( 210 )                      226-3898</b></p>		
<b>9</b> REPORT TYPE	<input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year <p style="text-align:center;"><b>7 / 1 / 2018                      THROUGH                      12 / 31 / 2018</b></p>		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year <p style="text-align:center;">/ /</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <b>SAISD Trustee District 5</b>	<b>13</b> OFFICE SOUGHT (if known)	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14** C/OH NAME **Patti Radle** **15** Filer ID (Ethics Commission Filers)

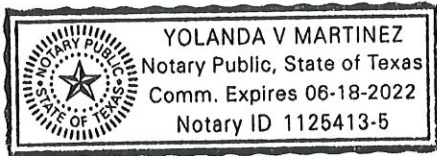
**16** NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17</b> 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	\$ 2,060.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,337.29
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.

*Patti Radle*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patti Radle, this the 10<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

*Yolanda V. Martinez* Yolanda V. Martinez Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME  Patti Radle		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,038.93
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Patti Radle	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 1/10/2019	<b>5</b> Payee name BBVA Compass				
<b>6</b> Amount (\$) \$22.00	<b>7</b> Payee address; City; State; Zip Code 218 S. Zaramora Street, San Antonio, Tx 78207				
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
4	Patti Radle	
<b>4</b> Date	<b>5</b> Payee name	
7/8/2018	Zapatos	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
\$200.00	5202 Metcalf, San Antonio, Texas 78239	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
	Donation	for purchase of children's shoes
Date	Payee name	
8/12/2018	HEB	
Amount (\$)	Payee address; City; State; Zip Code	
\$172.43	6818 S. Zarzamora, San Antonio, Tx 78224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Donation/Gift	Cookies for school staffs starting school year
Date	Payee name	
9/7/2018	Amol's	
Amount (\$)	Payee address; City; State; Zip Code	
\$19.01	227 Fredericksburg Rd., San Antonio, Texas 78201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Gifts	Gift bags for parent meetings
Date	Payee name	
9/26/2018	Rhodes PTA	
Amount (\$)	Payee address; City; State; Zip Code	
\$300.00	3000 Tampico St., San Antonio, Texas 78207	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Donation	Purchase of shirts for PTA

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME <p style="text-align: center;">Patti Radle</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/27/2018	<b>5</b> Payee name R.J. Publications	
<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1692, Helotes, Texas 78023	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Donation	<b>(b)</b> Description (See instructions regarding type of information required.) for purchase of football program support
Date 10/3/2018	Payee name SAISD Foundation	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 141 La Vaca, San Antonio, Tx 78210	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Student/Teacher support
Date 10/4/2018	Payee name Lanier High School	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1514 W. Cesar Chavez, San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) for Lanier band trip
Date 10/22/2018	Payee name Noni's Sweet Treats	
Amount (\$) \$25.50	Payee address; City; State; Zip Code 5526 Ghost Hawk St., San Antonio, Texas 78242	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Gifts	Description (See instructions regarding type of information required.) cookies for Principals

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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<b>1</b> Total pages Schedule I: <b>4</b>	<b>2</b> FILER NAME <b>Patti Radle</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/22/2018</b>	<b>5</b> Payee name <b>HEB</b>	
<b>6</b> Amount (\$) <b>\$37.98</b>	<b>7</b> Payee address; City; State; Zip Code <b>108 N. Rosillo, Texas 78207</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) <b>Gift</b>	<b>(b)</b> Description (See instructions regarding type of information required.) <b>for cake for Transportation Dept.</b>
Date <b>10/23/2018</b>	Payee name <b>Sidney Lanier Class of '74</b>	
Amount (\$) <b>\$300.00</b>	Payee address; City; State; Zip Code <b>502 S. Rosillo, San Antonio, Tx 78207</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Donation</b>	Description (See instructions regarding type of information required.) <b>Student scholarships</b>
Date <b>12/14/2018</b>	Payee name <b>Rhodes Middle School</b>	
Amount (\$) <b>\$150.00</b>	Payee address; City; State; Zip Code <b>1514 W. Cesar Chavez, San Antonio, Texas 78207</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Donation</b>	Description (See instructions regarding type of information required.) <b>for athletic equipment and uniforms</b>
Date <b>12/14/2018</b>	Payee name <b>HEB</b>	
Amount (\$) <b>\$184.01</b>	Payee address; City; State; Zip Code <b>6818 S. Zazamora St., San Antonio, Texas 78224</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Gifts</b>	Description (See instructions regarding type of information required.) <b>Christmas cookies for school staffs</b>

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**SCHEDULE I**

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<b>1</b> Total pages Schedule I:  4	<b>2</b> FILER NAME  Patti Radle	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/14/2018	<b>5</b> Payee name Maria Hernandez
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<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 3013 San Luis St., Texas 78207
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Gift	<b>(b)</b> Description (See instructions regarding type of information required.) for trip for student Ozzy Torres to attend Blue/Gray Combine for scholarship assessment
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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