

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | | | |
|---|--|---|---|--|----------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Mary | MI P. | OFFICE USE ONLY <hr/> Date Received 01-09-18A09:42 RCVE <hr/> Date Hand-delivered or Date Postmarked 1-9-18 <hr/> Receipt # Amount \$ <hr/> Date Processed 1-9-18 <hr/> Date Imaged | |
| | NICKNAME | | LAST Radle | | SUFFIX |
| | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | | | 5 CANDIDATE / OFFICEHOLDER PHONE |
| 1202 Tampico Street | | San Antonio, Texas | 78207 | | |
| 6 CAMPAIGN TREASURER NAME | | MS / MRS / MR | FIRST Joanne | MI | |
| NICKNAME | | LAST Sanchez | SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| 615 Brady, | | San Antonio, Texas 78207 | | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION | | | |
| (210) | | 226-3898 | | | |
| 9 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) | | | | | |
| 10 PERIOD COVERED | | | | | |
| Month Day Year MONTH DAY YEAR | | | | | |
| 7 / 1 / 2017 THROUGH 12 / 31 / 2017 | | | | | |
| 11 ELECTION | | | | | |
| ELECTION DATE | | ELECTION TYPE | | | |
| Month | Day | Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | | |
| / / | / / | / / | <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | | 13 OFFICE SOUGHT (if known) | | | |
| OFFICE HELD (if any) | | OFFICE HELD (if any) | | | |
| SAISD Trustee District 5 | | | | | |

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)

\$ 200.00

EXPENDITURE
TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES
Sch. F= \$386.81
Sch. I= \$3,127.89

\$ 3,514.70

CONTRIBUTION
BALANCE

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

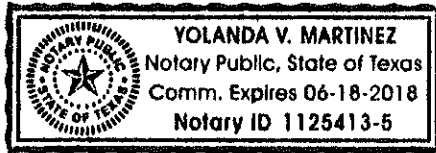
\$ 14,885.49

OUTSTANDING
LOAN TOTALS

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

\$ -0-

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Patti Radle, this the 8th

day of January, 20 18, 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

| | | |
|---|--|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 200.00 |
| 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 | \$ 386.81 |
| 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 | \$ 3,127.89 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ -0- |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1

2 FILER NAME

Patti Radle

3 Filer ID (Ethics Commission Filers)

4 Date

9/4/2017

5 Full name of contributor

Gregory R. Garza

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

15527 Dawn Crest, San Antonio, Texas 78248-1341

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|---|--|
| 1 Total pages Schedule F1: 1 | | 2 FILER NAME Patti Radle | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 8/26/2017 | | 5 Payee name Office Depot | | | |
| 6 Amount (\$) \$371.81 | | 7 Payee address; City; State; Zip Code 2321 S.W. Military Drive, San Antonio, Texas 787224 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Office Overhead - supplies | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

| | | | | | |
|---|--|---|--|---|--|
| Date July through Dec., 2017 | | Payee name BBVA Bank | | | |
| Amount (\$) \$15.00 | | Payee address; City; State; Zip Code 218 S. Zarzamora Street, San Antonio, Texas 78207 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Accountin/Banking | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY 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.

| | | | |
|--|--|---|---------------------------------------|
| 1 Total pages Schedule I: 1 of 5 | 2 FILER NAME Patti Radle | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/21/2017 | 5 Payee name Manuela Garcia | | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 5638 Kingswood, San Antonio, Texas | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) Donation for fundraiser | (b) Description (See instructions regarding type of information required.) family support for officers Moreno, Cavazos | |
| Date 8/16/2017 | Payee name HEB | | |
| Amount (\$) 170.28 | Payee address; City; State; Zip Code 6818 S. Zarzamora San Antonio, Texas 78224 | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Gifts | Description (See instructions regarding type of information required.) Cookies and candy for school staffs for start of school year. | |
| Date 8/17/2017 | Payee name HEB | | |
| Amount (\$) 20.94 | Payee address; City; State; Zip Code 108 Rosillo, San Antonio, Texas 78207 | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Gifts | Description (See instructions regarding type of information required.) Cookies and candy for school staffs for start of school year. | |
| Date 8/24/2017 | Payee name HEB | | |
| Amount (\$) 78.71 | Payee address; City; State; Zip Code 108 Rosillo, San Antonio, Texas 78207 | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Gifts | Description (See instructions regarding type of information required.) Food for funeral reception for Lanier graduate Brian Rodriguez | |

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|---------------------------------------|
| 1 Total pages Schedule I: 2 of 5 | 2 FILER NAME Patti Radle | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 7/21/2017 | 5 Payee name Susie Estrada | | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code 103 Chadwick Dr., San Antonio, Texas | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) Donation | (b) Description (See instructions regarding type of information required.) donation to assist for Naomi Estrada medical exp., Lanier graduate | |
| Date 9/5/2107 | Payee name San Martin de Porres Church | | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 1730 Dahlgreen Ave., San Antonio, Texas 787237 | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Donation | Description (See instructions regarding type of information required.) Donation toward funeral for Lanier HS student Ethan Carrion | |
| Date 9/6/2017 | Payee name Latinos In Action | | |
| Amount (\$) 300.00 | Payee address; City; State; Zip Code P.O. Box 380384, San Antonio, Texas | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Donation | Description (See instructions regarding type of information required.) Student scholarships | |
| Date 9/18/2017 | Payee name Robert's Flower Shop | | |
| Amount (\$) 16.24 | Payee address; City; State; Zip Code 423 Castroville Rd., San Antonio, Texas 78207 | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Gift | Description (See instructions regarding type of information required.) Flowers for Officer Moreno's family | |

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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| | | |
|---|---|---|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 3 of 5 | Patti Radle | |
| 4 Date | 5 Payee name | |
| 9/28/2017 | RJ Publications | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 300.00 | P.O. Box 1692, Helotes, Texas 78023 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
| | Donation | Donations for Lanier Football Program |
| Date | Payee name | |
| 10/6/2017 | SAISD Foundation | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 250.00 | 141 La Vaca, San Antonio, Texas 78210 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Donation | donation for teacher/student support |
| Date | Payee name | |
| 9/16/2017 | Lanier Alumni Scholarship c/o SAISD Foundation | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 250.00 | 141 La Vaca, San Antonio, Texas 78210 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Donation | Scholarship for Lanier graduates |
| Date | Payee name | |
| 10/16/2017 | Healthy Futures of Texas | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 200.00 | 2300 W. Commerce St., Suite 212 San Antonio, Texas 78207 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Donation | Teen Health Education Programs |

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 of 5 | Patti Radle | |
| 4 Date | 5 Payee name | |
| 10/26/2017 | Cesar Chavez Education & Legacy Foundation | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 200.00 | 1504 E. Commerce, San Antonio, Texas | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
| | Donation | assisting families at Thanksgiving |
| Date | Payee name | |
| 11/21/2017 | Amanda Carrera for Lanier HS Blue Jackets | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 200.00 | 127 Peche St., San Antonio, Texas 78207 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Donation | Blue Jacket trip for Dallas competition |
| Date | Payee name | |
| 12/2/2017 | Zapatos | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 100.00 | 5202 Metcalf, San Antonio, Texas | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Donation | shoes for students |
| Date | Payee name | |
| 12/18/2017 | La Fuerza Unida | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 150.00 | 710 New Laredo Hwy., San Antonio, Texas 78211 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Donation | student scholarships |

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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| | | |
|--|---|---|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 5 of 5 | Patti Radle | |
| 4 Date | 5 Payee name | |
| 12/18/2017 | HEB | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 41.15 | 1601 Nagalitos, San Antonio, Texas 78204 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
| | Gift | food for staff & Board Christmas Party |
| Date | Payee name | |
| 12/21/2017 | Estrada Academy | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 400.00 | 1112 S. Zarzamora, San Antonio, Texas 78207 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Donation | incentives & student activities |
| Date | Payee name | |
| 12/28/2017 | NOWCastSA | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| 150.00 | 600 Soledad, 6th Floor, San Antonio, Texas 78205 | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | Donation | student training |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
| | | |

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