

# 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mary P.</b>		<b>OFFICE USE ONLY</b> Date Received <b>1-10-2020</b>  01-10-20P 12:52 RCVL  Date Hand-delivered or Date Postmarked <b>1-10-2020</b> Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME LAST SUFFIX <b>Patti Radle</b>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1202 Tampico St., San Antonio, Tx 78207</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 210 ) 225-6913</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Joanne</b>		
	NICKNAME LAST SUFFIX <b>Sanchez</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business).	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>615 Brady San Antonio, Texas 78207</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 210 ) 226-3898</b>		
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 <b>7 / 1 / 2019</b> THROUGH <b>12 / 31 / 2019</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>   /   /  </b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>SAISD Trustee - Dist. 5</b>	13 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.

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) \$ -0-

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ -0-

4. TOTAL POLITICAL EXPENDITURES Sch. F= \$1,210.41  
Sch. I= \$2,658.01 \$ 3,868.42

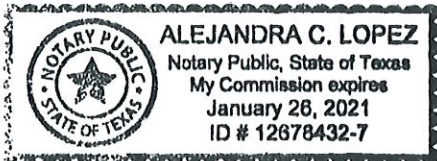
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6,064.25

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 13th day of January, 20 20, to certify which, witness my hand and seal of office.

*Alejandra C Lopez*

Signature of officer administering oath

*Alejandra C. Lopez*

Printed name of officer administering oath

*Notary*

Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

**19 FILER NAME**

Patti Radle

**20 Filer ID (Ethics Commission Filers)**

**21 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	\$ 1,210.41
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	\$ 2,658.01
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 8/23/2019	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$320.39	<b>7</b> Payee address; City; State; Zip Code 2311 SW Military Drive, San Antonio, Tx 78224	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office overhead, supplies	<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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date 10/8/2019	Payee name Office Depot	
Amount (\$) \$890.02	Payee address; City; State; Zip Code 2311 SW Military Drive, San Antonio, Tx 78224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office overhead, printer & ink supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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	
<b>PURPOSE OF EXPENDITURE</b>	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 <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: 1 of 3	<b>2</b> FILER NAME Patti Radle	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 8/12/2019	<b>5</b> Payee name La Popular Bakery
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<b>6</b> Amount (\$) \$16.25	<b>7</b> Payee address; City; State; Zip Code 1225 El Paso, San Antonio, Tx 78207
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Food - pasteries for staffs	<b>(b)</b> Description (See instructions regarding type of information required.) -
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Date 8/11/2019	Payee name HEB
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Amount (\$) \$214.32	Payee address; City; State; Zip Code 6818 S. Zarzamora, San Antonio, Tx 78228
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Food	Description (See instructions regarding type of information required.) Cookies & candy for schoolstaffs
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Date 8/23/2019	Payee name Rhodes Middle School PTA
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 3000 Tampico St., San Antonio, Texas 78207
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Refreshments for open house.
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Date 8/30/2019	Payee name Fuentes/Sanchez Lanier Scholarship Fund
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Amount (\$) \$70.00	Payee address; City; State; Zip Code 922 San Pedro Ave., San Antonio, Tx 78205
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Student scholarships
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# 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: 2 of 3	<b>2</b> FILER NAME Patti Radle	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/4/2019	<b>5</b> Payee name San Anto Cultural Arts Program	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 2021 El Paso St., San Antonio, Texas 78207	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Donation	<b>(b)</b> Description (See instructions regarding type of information required.) Student art program support.
	Date 10/5/2019	
Payee name R.J. Publications		
Amount (\$) 300.00	Payee address; City; State; Zip Code P.O. Box 1692, Helotes, Texas 78023	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Contribution toward Lanier HS Football Programs
	Date 10/5/2019	
Payee name SAISD Foundation		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 141 Lavaca, San Antonio, Texas 78210	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Student/staff support programs
	Date 11/1/2019	
Payee name Home Depot #6529		
Amount (\$) \$517.44	Payee address; City; State; Zip Code 2629 SW Military Dr., San Antonio, Texas 78224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Refrigerator for Rhones MS Parent Volunteer Room

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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1 Total pages Schedule I: 3 of 3	2 FILER NAME Patti Radle		3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2019	5 Payee name Ceasar Chavez Ed & Legacy Foundation		
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1504 E. Commerce St., San Antonio, Texas 78205		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) Donation	(b) Description (See instructions regarding type of information required.) Student Scholarship support	
Date 12/14/2019	Payee name Sidney Lanier Class od '74		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 4501 S. Presa, San Antonio, Texas		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Student scholarship support	
Date 12/16/2019	Payee name HEB		
Amount (\$) \$240.00	Payee address; City; State; Zip Code 6818 S. Zarzamora, San Antonio, Texas 78224		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation/Gift	Description (See instructions regarding type of information required.) Cookies and candies for school staffs	
Date 12/19/2019	Payee name Lanier HS Blue Jacket Cheer Team		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1514 W. Ceasar Chavez Blvd., San Antonio, Texas 78207		
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Support for Chher Team trip for copetition	

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