

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mary P. NICKNAME LAST SUFFIX Patti Radle	OFFICE USE ONLY Date Received 7-15-22A11:18 RCNV Date Hand-delivered or Date 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 1202 Tampico St., San Antonio, Tx 78207		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 225-6913		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Joanne NICKNAME LAST SUFFIX Sanchez		
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 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 checked="" 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 1 / 1 / 2022 THROUGH 6 / 30 / 2022		
11 ELECTION	ELECTION DATE Month Day Year / /	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) SAISD Trustee - Dist. 5	13 OFFICE SOUGHT (if known)	

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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=\$489.73
Sch I=\$826.51

\$ 1,316.24

CONTRIBUTION
BALANCE

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

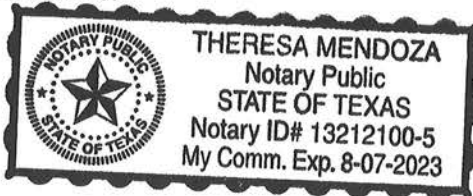
\$ 3,399.01

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 15th day of July, 20 20, to certify which, witness my hand and seal of office.

Theresa Mendoza

Signature of officer administering oath

Theresa Mendoza

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	\$
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	\$ 826.51
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	\$ 489.73
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.

1 Total pages Schedule F1: 1	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
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4 Date 3/21/2022	5 Payee name Office Depot
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6 Amount (\$) \$746.51	7 Payee address; City; State; Zip Code 2321 SW Military Drive, San Antonio, Tx 78224
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead (printer ink and paper)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date March, April, May & June	Payee name PNC Bank
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Amount (\$) \$80.00	Payee address; City; State; Zip Code 218 S. Zarzamora, San Antonio, Texas 78207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead (monthly bank service fee)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Patti Radle	
4 Date	5 Payee name	
2/2/2022	HEB Foods	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$21.56	108 N. Rosillo, San Antonio, Texas 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
	Donation	Gift for teacher award.
Date	Payee name	
2/23/2022	HEB Foods	
Amount (\$)	Payee address; City; State; Zip Code	
\$52.32	1601 Nagalitos, San Antonio, Texas 78204	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Donation	Materials for Lanier BB playoff snack bags.
Date	Payee name	
3/3/2020	Linda's Mexican Rest.	
Amount (\$)	Payee address; City; State; Zip Code	
\$48.43	1424 Guadalupe 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	Tacos for Lanier BB players.
Date	Payee name	
5/3/2020	HEB Foods	
Amount (\$)	Payee address; City; State; Zip Code	
\$165.40	6818 S. Zarzamora, San Antonio, Texas 78224	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	Donation	Materials for cookies provided to staff of Ditriect 5 schools

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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	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5/4/22	5 Payee name HEB	
6 Amount (\$) \$35.62	7 Payee address; City; State; Zip Code 735 SW Military Drive, San Antonio, Texas 78221	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation	(b) Description (See instructions regarding type of information required.) Materials for cookies provided for staff of District 5 schools
Date 5/5/2022	Payee name Rene Hernandez, Research Counseling Advocacy	
Amount (\$) 40.00	Payee address; City; State; Zip Code 2226 Spicewood Drive, San Antonio, Texas 78213	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Ad honoring Sam Alvarado
Date 5/13/2022	Payee name Walgreens	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 121 N. Zarzamora, San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Teacher gift cards
Date 5/31/2022	Payee name HEB Foods	
Amount (\$) 66.40	Payee address; City; State; Zip Code 108 N. Rosello, San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Cupcakes for community re-opening of Lanier High School

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