### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
			8 Pages
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mary	мі Р.	OFFICE USE ONLY
NAME	NICKNAME LAST	F	Date Received
	Control of	SUFFIX	07-10-18A09:41 RCVD
4 CANDIDATE/	Patti Radle	OLTY STATE, ZID CODE	
OFFICEHOLDER		CITY; STATE; ZIP CODE	
MAILING ADDRESS	1202 Tampico Street San A	Antonio, Texas 78207	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	( 210 ) 225-6913		1-10-18
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	Joanne LAST	CHEEN	Date Brocessed
	NICKNAME LAST Sanchez	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY; STATE;	ZIP CODE
TREASURER			
ADDRESS (Residence or Business)	O 10 Diady,	San Antonio, Texas 78	207
•			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 210 ) 226-3898	EXTENSION	
9 REPORT TYPE	30th day before el	election Runoff	15th day after campaign treasurer appointment
	<b>37</b>	Eveneded @EOO limit	(Officeholder Only)
	X July 15 8th day before elec	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	1 / 1 / 2018	THROUGH 6 /	30 / 2018
11 ELECTION	ELECTION DATE	ELECTION TYPE	# ·
	Month Day Year Primary	Runoff Other Description	
	General General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)
	SAISD Trustee District 5		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
IN CONTRAINE	Patti Radl		10 Tale 15 (Ethics Commission Fried)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND: DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Dogga			
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!	AN \$ -0-
		POLITICAL CONTRIBUTIONS	\$
,	OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	-0-
EXPENDITURE TOTALS	1	POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ -0-
		Sch. F = \$683.5	
	4. TOTAL	POLITICAL EXPENDITURES Sch. I= \$1,758.	81 \$ 2,442.32
CONTRIBUTION	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		DAY \$ 10.000.00
BALANCE	OF REP	ORTING PERIOD	<sup>Ψ</sup> 12,398.22
OUTSTANDING	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE		THE \$
LOAN TOTALS	LAST DAY OF THE REPORTING PERIOD		Ψ -0-
18 AFFIDAVIT			
			perjury, that the accompanying report is formation required to be reported by me
WARK AUT	ANDA V MARTINE	under Title 15, Election Code.	_
Notary	Public, State of Tex	(as)	) M
	n. Expires 06-18-20	22 Date	add
William No.	tary ID 1125413-5	Signature of Car	ididate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, l	by the said Patti Radle	this the 10th
day of July	40	to certify which, witness my hand and seal of office	
1 Albanda 2	Martins	Yolanda V. Martinez	Notary
Signature of officer a	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 Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. SCHEDULE E: LOANS	\$ -0-
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 683.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,758.81
12. 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (suffer a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sal	aries/Wages/Contract Labor Other (enter a category not listed above)
Credit Odier dymon	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
2/23/2018	Office Depot	
6 Amount (\$)	7 Payee address; City; State; Zip Co	
	2321 S.W. Military Drive, San A	ntonio, Texas 787224
\$424.31		
8	(a) Category (See Categories listed at the top of this schedule	
PURPOSE	Office Overhead - supplies	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		L
O Complete ONLY if discort	Candidate / Officeholder name	Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		
<sub>Date</sub> Jan through	1 Paul Paul	
Date Carr (modgri	Payee name BBVA Bank	
June, 2018		
Amount (\$)	Payee address; City; State; Zip Co	ode
\$15.00	218 S. Zarzamora Street, S	an Antonio, Texas 78207
	Category (See Categories listed at the top of this schedu	ule) Description
PURPOSE	A	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Accountin/Banking	Check if Austin, TX, officeholder living expense
EXPENDITURE		
	Condidate / Office holder	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office field
Date	Payee name	
6/30/2018	Office Depot	
Amount (\$)	Payee address; City; State; Zip Co 2321 S.W. Military Drive, Sai	
\$244.20	_	TAIROIRO, Texas
	787224	
	Category (See Categories listed at the top of this schedu	·
PURPOSE OF	Office Overhead - supplies	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Times of terriodal outperiod	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O	H	
	ATTAON ADDITIONAL CODES OF	THO COLUMN CACALIFORN
E .	ATTACH ADDITIONAL COPIES OF	THIS SCREUTLE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	The Instruction Guide explains how to comp	Nata this form	
	The instruction duide explains now to comp		
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers		
1 of 4	Patti Radle		
4 Date 2/21/2018	5 Payee name Rivard Report		
6 Amount (\$) \$130.00	7 Payee address; City; State; Zip Code 110 E. Houston, #207, San Antonio, Texas 78205		
8	(a) Category (See instructions for examples of acceptable	(b) Description (See instructions regarding type of information	
PURPOSE OF	categories.) Donation	required.) Education Forum III	
EXPENDITURE		Laddation Fordin in	
Date 3/26/2018	Payee name HEB		
Amount (\$) \$115.42	Payee address; City; State; Zip Code 6818 S. Zarzamora, San Antonio, Texas 78224		
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information	
OF EXPENDITURE	calegories.) Gifts	Cookies & candy for school staffs	
EXPENDITORE	Gille	for Easter.	
Date 3/27/2018	Payee name HEB		
Amount (\$) \$40.59	Payee address; City; State; Zlp Code 108 Rosillo, San Antonio, Texas 78	3207	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Gifts	Description (See Instructions regarding type of information Cookies & candy for school staffs for Easter	
Date	Payee name		
2/27/2018			
Amount (\$)	Payee address; City; State; Zip Code		
40.00	423 Castroville Rd., San Antonio,	Texas 78207	
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
EXPENDITURE	Gift	Teacher of the Year Recognition	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

	The Instruction Guide explains how to cor	plete this form.	
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filer		
2 of 4	Patti Radle		
4 Date 4/14/2018	Sanchez Fuentes Scholarship Fu	nd	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 922 San Pedro Ave., San Antonio	, Texas 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  Donation	(b) Description (See instructions regarding type of information required.) Funds for student scholarships	
Date 5/23/2018	Payee name Half Price Books		
Amount (\$) 103.75	Payee address; City; State; Zip Code 3207 Broadway, San Antonio, Texas 78209		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Gifts	Description (See instructions regarding type of information required.) Gifts for Advisory students	
<sup>Date</sup> 5/25/2018	Payee name San Antonio Hispanic Chamber o	f Commerce	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 200 Grayson St., #203, San Anto	nio, Texas 78205	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donation	Description (See Instructions regarding type of Information required.)  Chamber & its support for SAISD Progra	
Date 5/27/2018	Payee name Lanier Class of 1974		
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4501 S. Presa, San Antonio, Texa	S	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Donations	Description (See instructions regarding type of information required.) Student scholarships	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

		·	
	The instruction Guide explains how to comp	olete this form.	
1 Total pages Schedule I:	2 FILER NAME Patti Radle		
<sup>4</sup> Date March 15,2018	5 Payee name		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 1504 E. Commerce, San Antonio, Texas		
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
EXPENDITURE	Donation	Student scholarships	
Date 5/5/2018	Рауее пате Amanda Carrera for Lanier HS Blue Jackets		
Amount (\$) 100.00	Payee address; City; State; Zip Code 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.)	
EXPENDITORE	Donation	Blue Jackets cheerleader camp	
<sup>Date</sup> 6/9/2018	Payee name Patti Radle (for Family Dollar reimbursement)		
Amount (\$) \$11.70	Payee address; City; State; Zip Code 1202 Tampico St., San Antonio, Texas 78207		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Gifts	Description (See instructions regarding type of information required.)  For elementary parent's meeting	
Date 6/9/2018	Payee name Patti Radle (for Fanily Dollar reumbursement)		
Amount (\$) \$57.35	Payee address; City; State; Zlp Code 1202 Tampico Street, San Antonio, Texas 78207		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  Supplies & gifts	Description (See instructions regarding type of information required.)  For elementary parent's meeting	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE I

4 of 4	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 of 4 4 Date	, . <del></del>		
4 Date	Patti Kadie	Patti Radle	
JIZZIZU IU	5 Payee name MAS (Mexican American Studies) c/o La'Shelbee Boyd		
6 Amount (\$)	7 Payee address; City; State; Zip Code 4106 Wild Oak Dr., San Antonio, Tex	xas 78219	
8 PURPOSE OF EXPENDITURE	(a)Category (See Instructions for examples of acceptable categories.)  Donation	(b) Description (See instructions regarding type of information required.)  T-shirts for MAS event	
<sup>Date</sup> 6/22/2018	Payee name Our Lady of Guadalupe Church		
Amount (\$) \$60.00	Payee address; City; State; Zip Code 1321 El Paso St., San Antonio, Texas 78207		
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)  Gifts	Description (See Instructions regarding type of Information required.) Water bottles for mast violinists' concert	
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.)	
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.)	