


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY
	Mary P		
	NICKNAME LAST SUFFIX		
	Patti Radle		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Date Received 07-11-16 10:52 am 
	1202 Tampico Street San Antonio Tx 78207		Date Hand-delivered or Postmarked
<input type="checkbox"/> change of address			Receipt # Amount
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		Date Processed
	(210) 225-6913		Date Imaged
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 Tx 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 THROUGH Month Day Year		
	1 / 1 / 2016 6 / 30 / 2016		
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	SAISD Trustee District 5		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME

Patti Radle

15 ACCOUNT # (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.

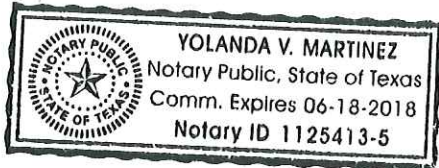
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**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-
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
4. TOTAL POLITICAL EXPENDITURES Sch.F= \$519.38 Sch.I= \$1,795.10	\$ 2,314.48
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,925.81
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 8th day of July, 20 16, to certify which, witness my hand and seal of office.

Yolanda V. Martinez
Signature of officer administering oath

Yolanda V. Martinez
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 <i>Patti Radle</i>	20 Filer ID (Ethics Commission Filers)
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	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	\$ 519 ³⁸
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	\$ 1,795 ¹⁰
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ - 0 -

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers)
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4 Date Jan-May, 2016	5 Payee name BBVA Bank
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6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 218 S. Zarzamora St., San Antonio, Texas 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fees for monthly paper bank statements.
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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 3/17/16	Payee name Office Depot
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Amount (\$) \$357.18	Payee address; City; State; Zip Code 2321 S.W. Military Drive, San Antonio, Texas 78224
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office supplies	Description (If travel outside of Texas, complete Schedule T) ink for copier
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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 4/11/2016	Payee name Office Depot
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Amount (\$) \$147.20	Payee address; City; State; Zip Code 2321 S.W. Military Drive, San Antonio, Texas 78224
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office supplies	Description (If travel outside of Texas, complete Schedule T) paper and ink
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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 (If travel outside of Texas, complete Schedule T)
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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: 1 of 3	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/26/2016	5 Payee name N&S Enterprises	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 330 Culebra Rd., San Antonio, Texas 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) gift/contribution	(b) Description (See instructions regarding type of information required.) Play off T-shirts for Lanier BB Team
Date 3/21/2016	Payee name Cesar Chavez Education & Legacy Foundation	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1504 E. Commerce St., San Antonio, Texas 78205	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) gift/contribution	(b) Description (See instructions regarding type of information required.) student scholarships
Date 3/23/2016	Payee name Jennifer Casillas	
Amount (\$) \$30.00	Payee address; City; State; Zip Code C/O Lanier High School, 1514 W. Cesar Chavez Blvd., San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) contribution	(b) Description (See instructions regarding type of information required.) funeral assistance
Date 4/2/2016	Payee name Sanchez-Fuentes Scholarship Fund	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 1710 Vera Cruz, San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) contribution	(b) Description (See instructions regarding type of information required.) Lanier HS graduate scholarships

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 of 3	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/18/2016	5 Payee name Amanda Flores
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6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 1602 Sunbend Falls, SA, Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) contribution	(b) Description (See instructions regarding type of information required.) Poetry Workshop for Lanier students
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Date 5/3/2016	Payee name HEB
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Amount (\$) \$265.10	Payee address; City; State; Zip Code 6818 S. Zarzamora St., San Antonio, Texas 78224
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) gifts for school teachers	(b) Description (See instructions regarding type of information required.) treats for teacher appreciation week
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Date 5/17/2016	Payee name St. Timothy's Catholic Church
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 1515 Saltillo, San Antonio, Texas 78207
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) contribution	(b) Description (See instructions regarding type of information required.) student support of robotics program
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Date 5/17/2016	Payee name SAISD Partners Program
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 1700 Tampico Street, San Antonio, Texas 78207
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) contribution	(b) Description (See instructions regarding type of information required.) end of year ceremony support
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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: 3 of 3	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/22/2016	5 Payee name Lanier HS
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 1514 W. Cesar Chavez Blvd., SA, Texas 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) contribution	(b) Description (See instructions regarding type of information required.) Senior class donation

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) contribution	(b) Description (See instructions regarding type of information required.) student support of robotics program

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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