

# 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

MI

Mary

P.

NICKNAME

LAST

SUFFIX

Patti

Radle

OFFICE USE ONLY

Date Received

01-10-22P05:13 RCVD

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1202 Tampico St., San Antonio, Tx 78207

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210 ) 225-6913

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Joanne

NICKNAME

LAST

SUFFIX

Sanchez

Receipt #

Amount \$

Date Processed

Date Imaged

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

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year  
7 / 01 / 2021

Month Day Year  
THROUGH 12 / 31 / 2021

11 ELECTION

ELECTION DATE

Month Day Year

Primary

Runoff

ELECTION TYPE

Other Description

General     Special

12 OFFICE

OFFICE HELD (if any)

SAISD Trustee - Dist. 5

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= \$338.25  
Sch I= \$2,328.36

\$ 2,666.61

CONTRIBUTION  
BALANCE

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

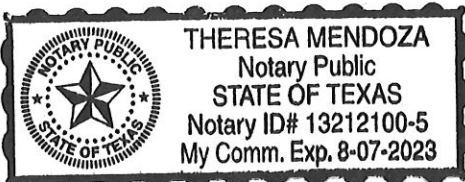
\$ 4,715.25

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

Sworn to and subscribed before me, by the said Patti Radle, this the 10th day of January, 2022, 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**

<b>19 FILER NAME</b> <p style="text-align: center;">Patti Radle</p>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
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	\$ 338.25
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	\$ 2,328.36
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: <b>1</b>	<b>2</b> FILER NAME <b>Patti Radle</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/30/2021</b>	<b>5</b> Payee name <b>Office Depot</b>	
<b>6</b> Amount (\$) <b>\$338.25</b>	<b>7</b> Payee address; City; State; Zip Code <b>150 N. Crossroads Blvd., Balcones Heights, Tx 78201</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Office Overhead (printer ink)</b>	<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	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
	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
	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
	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:  2	<b>2</b> FILER NAME  PattioRadle	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/3/2021	<b>5</b> Payee name Fuentes/Snachez Lanier Scholarship Fund	
<b>6</b> Amount (\$) \$200.	<b>7</b> Payee address; City; State; Zip Code 922 San Pedro Ave., San Antonio, Tx 78205	
<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 scholarships
Date 7/16/2021	Payee name Lanier Cheer Team	
Amount (\$) \$300.	Payee address; City; State; Zip Code 1514 W. Ceasar Chavez Blvd., San Antonio, Tx 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 Cheer Team trip for summer training
Date 8/7/2021	Payee name Debbye Talamendez	
Amount (\$) \$350.	Payee address; City; State; Zip Code 4355 Kusmierz Rd., Saint Hedwig, Tx 78152	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) support for school opening event at Guadalupe Plaza (petting zoo)
Date 8/25/2021	Payee name CAST School Network	
Amount (\$) \$200.	Payee address; City; State; Zip Code 200 E. Basse Rd., Ste. 201, San Antonio, tx 78209	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) support fo the production o "Tafolla" at Guadalupe Theater

**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 2	2 FILER NAME Patti Radle		3 Filer ID (Ethics Commission Filers)
4 Date 9/11/2021	5 Payee name Linda's Mexican Restaurant		
6 Amount (\$) \$147.	7 Payee address; City; State; Zip Code 1424 Guadalupe St., San Antonio 78207		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation	(b) Description (See instructions regarding type of information required.) Tacos for Lanier Football Team after practice.	
Date 9/11/2021	Payee name R.J. Publications		
Amount (\$) \$300.	Payee address; City; State; Zip Code P.O.Box 272, Helotes, Tx 78023		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Support for ad in Lanier Football programs.	
Date 9/14/2021	Payee name SAISD Foundation		
Amount (\$) \$550.	Payee address; City; State; Zip Code 2411 San Pedro, San Antonio, Texas 78212		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) support for acquiring tool shed for JT Brackenridge garden	
Date 12/11/2021	Payee name HEB Food Stores		
Amount (\$) \$281.36	Payee address; City; State; Zip Code 6818 S. Zarzamora, San Antonio, Txe 78224		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Gifts	Description (See instructions regarding type of information required.) cookies supplies for making Christmas cookies for District 5 school staffs	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED