

# 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: <b>12</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mary		P
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	NICKNAME	LAST	SUFFIX
	Patti Radle		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1202 Tampico Street San Antonio, Texas 78207		
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION
	( 210 )	225-6913	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	MS / MRS / MR	FIRST	MI
	Joanne		
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX
	Sanchez		
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	615 Brady San Antonio, Texas 78207		
10 PERIOD COVERED	AREA CODE	PHONE NUMBER	EXTENSION
	( 210 )	226-3898	
11 ELECTION	<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)		
12 OFFICE	Month	Day	Year
	7	1	2014
13 OFFICE SOUGHT (if known)	Month	Day	Year
	12	31	2014
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
SAISD Trustee District 5		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	

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.

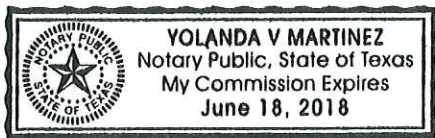
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE  COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 1,350.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES Sch. F= \$704.60 Sch. I= \$3,398.65	\$ 4,103.25
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,265.12
<b>OUTSTANDING LOAN TOTALS</b>	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 9th day of January, 20 15, to certify which, witness my hand and seal of office.

*Yolanda V. Martinez*      Yolanda V. Martinez      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
1 of 1

2 FILER NAME

**Patti Radle**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/13/2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**H.B. Zachry, Jr.**

7 Amount of  
contribution (\$)  
**\$250.00**

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

**7603 Shady Lane Drive, San Antonio, Texas  
78209**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

**retired**

10 Employer (See Instructions)

Date

11/6/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Charles C. Butt**

Amount of  
contribution (\$)  
**\$1,000.00**

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

**335 King William, San Antonio, Texas 78204**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**Owner**

Employer (See Instructions)

**HEB**

Date

11/28/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Lou & David Willaims**

Amount of  
contribution (\$)  
**\$100.00**

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

**105 Chimney Rock Lane, Shavano Park, Texas  
78231**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**retired**

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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: <b>1 of 1</b>	2 FILER NAME <b>Patti Radle</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>8/13/2014</b>	5 Payee name <b>Office Depot</b>
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6 Amount (\$) <b>\$334.43</b>	7 Payee address; City; State; Zip Code <b>2321 SW Military Drive, San Antonio, Texas 78224</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Other - Office Supplies</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Office copier ink and office supplies</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/23/2014</b>	Payee name <b>Office Depot</b>
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Amount (\$) <b>\$370.17</b>	Payee address; City; State; Zip Code <b>2321 SW Military Drive, San Antonio, Texas 78224</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Other - Office Supplies</b>	Description (If travel outside of Texas, complete Schedule T) <b>Office copier ink and office supplies</b>
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Complete ONLY 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 ONLY 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)
------------------------	--	---

Complete ONLY 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 8	2 FILER NAME <b>Patti Radle</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>8/6/2014</b>	5 Payee name <b>Fuerza Unida</b>
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6 Amount (\$) <b>\$100.00</b>	7 Payee address; City; State; Zip Code <b>710 New Laredo Highway, San Antonio, Texas 78211</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Gift/Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>Student scholarships</b>
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Date <b>8/15/2014</b>	Payee name <b>Target</b>
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Amount (\$) <b>\$137.12</b>	Payee address; City; State; Zip Code <b>4522 Fredericksburg Rd., San Antonio, Texas 78201</b>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Gift/Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>School supplies for students</b>
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Date <b>8/15/2014</b>	Payee name <b>Target</b>
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Amount (\$) <b>\$33.83</b>	Payee address; City; State; Zip Code <b>746 NW Loop 410, San Antonio, Texas 78216</b>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Gift/Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>School supplies for students</b>
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Date <b>8/20/2014</b>	Payee name <b>HEB</b>
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Amount (\$) <b>\$161.92</b>	Payee address; City; State; Zip Code <b>6218 S. Zarzamora, San Antonio, Texas 78224</b>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Gift</b>	(b) Description (See instructions regarding type of information required.) <b>Cookie dough for gifts for school staff.</b>
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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 of 8		2 FILER NAME <b>Patti Radle</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>8/22/2014</b>		5 Payee name <b>Avenida Guadalupe</b>			
6 Amount (\$) <b>\$150.00</b>		7 Payee address; City; State; Zip Code <b>1314 Guadalupe Street, San Antonio, Texas 78207</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>		(b) Description (See instructions regarding type of information required.) <b>Support for poetry event.</b>	
Date <b>8/29/2014</b>		Payee name <b>Avenida Guadalupe</b>			
Amount (\$) <b>\$35.00</b>		Payee address; City; State; Zip Code <b>1314 Guadalupe Street, San Antonio, Texas 78207</b>			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) <b>Fee</b>		(b) Description (See instructions regarding type of information required.) <b>Fee for parade participation</b>	
Date <b>8/29/2014</b>		Payee name <b>HEB</b>			
Amount (\$) <b>\$16.80</b>		Payee address; City; State; Zip Code <b>108 N. Rosillo, San Antonio, Texas 78207</b>			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>		(b) Description (See instructions regarding type of information required.) <b>Food donation to AG</b>	
Date <b>9/12/2014</b>		Payee name <b>Target</b>			
Amount (\$) <b>\$55.19</b>		Payee address; City; State; Zip Code <b>2810 SW Military Drive, San Antonio, Texas 78224</b>			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) <b>Food/Beverage Expense</b>		(b) Description (See instructions regarding type of information required.) <b>Food and drinks for youth in parade.</b>	

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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: 3 of 8	2 FILER NAME <b>Patti Radle</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>9/13/2014</b>	5 Payee name <b>Don Juan's Rest.</b>
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6 Amount (\$) <b>\$90.00</b>	7 Payee address; City; State; Zip Code <b>1422 W. Commerce Street, San Antonio, Texas 78207</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Food/Beverage Expense</b>	(b) Description (See instructions regarding type of information required.) <b>Lunch for students following parade.</b>
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Date <b>9/30/2014</b>	Payee name <b>R.J. Publications</b>
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Amount (\$) <b>\$300.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 1692, Helotes, Texas 78023</b>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>Ad for Lanier High School Program</b>
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Date <b>9/30/2014</b>	Payee name <b>SAISD Foundation</b>
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Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>141 La Vaca, San Antonio, Texas 78210</b>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>Student scholarship contribution</b>
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Date <b>10/1/2014</b>	Payee name <b>San Anto Cultural Arts Program</b>
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Amount (\$) <b>\$250.00</b>	Payee address; City; State; Zip Code <b>2120 El Paso, San Antonio, Texas 78207</b>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>Support of student art program</b>
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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: 5 of 8	2 FILER NAME <b>Patti Radle</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/27/2014	5 Payee name <b>Lanier High School Senior Class</b>	
6 Amount (\$) <b>\$65.00</b>	7 Payee address; City; State; Zip Code <b>1514 W. Cesar Chavez Blvd., San Antonio, Texas 78207</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>Senior Class Mums incentive activity</b>
Date 10/27/2014	Payee name <b>Lanier High School Junior Class</b>	
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>1514 W. Cesar Chavez Blvd., San Antonio, Texas 78207</b>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>Junior Class fundraiser</b>
Date 10/27/2014	Payee name <b>Healthy Futures of Texas</b>	
Amount (\$) <b>\$270.00</b>	Payee address; City; State; Zip Code <b>2300 W. Commerce Street, San Antonio, Texas 78207</b>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>To support student programs</b>
Date 10/28/2014	Payee name <b>Project Quest</b>	
Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code <b>515 SW 24th Street, San Antonio, Texas 78207</b>	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>Program support</b>

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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: 6 of 8	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11/24/2014	5 Payee name Delicious Tamales	
6 Amount (\$) \$267.00	7 Payee address; City; State; Zip Code 1330 Culebra, San Antonio, Texas 78201	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food Contribution	(b) Description (See instructions regarding type of information required.) Cesar Chavez Ed. Fund Turkey Dinner
Date 12/2/2014	Payee name NowCast	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 600 Soledad, 6th Floor, San Antonio, Texas 78205	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution	(b) Description (See instructions regarding type of information required.) Donation for student training
Date 12/3/2014	Payee name SA2020	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 112 E. Pecan St., Ste 1100, San Antonio, Texas 78205	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution	(b) Description (See instructions regarding type of information required.) Youth related programing
Date 12/6/2014	Payee name Lanier Class of 1974	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 4501 S. Presa, San Antonio, Texas	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution	(b) Description (See instructions regarding type of information required.) Student 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: <b>8 of 8</b>	2 FILER NAME <b>Patti Radle</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12/31/2014</b>	5 Payee name <b>Haven for Hope</b>
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6 Amount (\$) <b>\$150.00</b>	7 Payee address; City; State; Zip Code <b>1 Haven for Hope Way, San Antonio, Texas 78207</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <b>Contribution</b>	(b) Description (See instructions regarding type of information required.) <b>Student program support.</b>
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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	(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)	(b) Description (See instructions regarding type of information required.)
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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	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
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