# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction               | Guide explains how to complete this form.   | 1 ACCOUNT #<br>(Ethics Commission Filers)                            | 2 Total pages filed:<br>8  |
|------------------------------------|---|--|--|
| 3 CANDIDATE/                       | MS/MRS/MR FIRST   | MI   | OFFICE NCC ONLY  |
| OFFICEHOLDER<br>NAME               | Many  | _  | OFFICE USE ONLY  |
| e double                           | Mary NICKNAME LAST  | P  | Date Received  |
|                                    | Pattî Radle   |  | 01-09-12P03:58 RCVD  |
| 4 CANDIDATE/<br>OFFICEHOLDER       | ADDRESS / PO BOX; APT / SUITE #; CITY;  | STATE; ZIP CODE  | ]  |
| MAILING<br>ADDRESS                 | 1202 Tampico Street San Anti  | onio Texas 78207   | Date Hand-delivered or Postmarked  |
| change of address                  |   |  | Receipt # Amount   |
| 5 CANDIDATE/                       | AREA CODE PHONE NUMBER  | EXTENSION  |  |
| OFFICEHOLDER<br>PHONE              | ( 210 ) 210-225-6913  |  | Date Processed   |
| 6 CAMPAIGN<br>TREASURER            | MS/MRS/MR FIRST  Joanne   | Mī   | Date Imaged  |
| NAME                               | NICKNAME LAST   | SUFFIX   |  |
|                                    | Sanchez   |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;   | CITY; STATE;   | ZIP CODE   |
| (residence or business)            | 615 Brady   | San Antonio Texas  | 78207  |
| 8 CAMPAIGN<br>TREASURER            | AREA CODE PHONE NUMBER  | EXTENSION  |  |
| PHONE                              | ( 210 ) 226-3898  |  |  |
| 9 REPORTTYPE                       | X January 15 30th day before election   | Runoti   | 15th day after campaign treasurer appointment (officeholder only)                |
|                                    | July 15 Sth day before election   | Exceeded \$500 limit   | Final report (Attach C/OH - FR)  |
| 10 PERIOD<br>COVERED               | Month Day Year THROUGH  | Month Day  | Year<br>/ 2011   |
|                                    | 2011  | 12 / 31 /  | / 2011   |
| 11 ELECTION                        | ELECTION DATE SLECTION TYPE Month Day Year  |  |  |
|                                    | Primary   | Runoff   | General Special  |
| 12 OFFICE                          | OPFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)  |  |
|                                    | SAISD Trustee District 5  |  |  |
| 14 NOTICE<br>OF DIRECT<br>CAMPAIGN | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURED TO DISCLOSE THIS INFORMATION | RES MADE BY OTHERS WITHOUT THE<br>N ONLY IF THEY RECEIVE NOTIFICATIO | CANDIDATE'S PRIOR CONSENT OR APPROVAL.<br>IN OF THE DIRECT CAMPAIGN EXPENDITURE. |
| EXPENDITURE<br>BY OTHER            | Name  |  |  |
| INDIVIDUALS                        | None  |  |  |
|                                    | Address / PO Box; Apt. / Suite #; City; State; Zip Coo  | ie   |  |
| additional pages                   |   |  |  |
|                                    | GO TO PAG   | BE 2   |  |
|                                    |   |  |  |

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

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

| 15 C/OH NAME                                   |   |   |  |
|--|---|---|--|
|  | Patti Radle   |   | 16 ACCOUNT # (Ethics Commission Filers)  |
| 17 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | CANDIDATE / OFFICE  | ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HOVE BEEN MADE WITHOUT THE CANIES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF | DIDATE'S OR OFFICEHOLOGO'S KNOWLENGE OF  |
| COMMITTEE(S)                                   | COMMITTEE TYPE  | COMMITTEE NAME  |  |
|  | GENERAL SPECIFIC  | COMMITTEE ADDRESS   |  |
|  |   | COMMITTEE CAMPAIGN TREASURER NAME   | - Constitution of the second o |
| additional pages                               |   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |
| 18 CONTRIBUTION                                | t. TOTAL  | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI   | N .  |
| TOTALS   | PLEDGE  | S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI   | \$ -0-   |
|  |   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 230.00  |
| EXPENDITURE 3. TOTAL I                         |   | OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM  | ZED \$ -0-   |
|  | 4. TOTAL POLITICAL EXPENDITURES \$ 3,258.4  |   | \$ 3,258.49  |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD            |   | DAY \$ 12,745.03   |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD |   | THE \$ -0-   |
| 19 AFFIDAVIT                                   | ALEJANDRA C LOPEZ  NOTARY PUBLIC  State of Texas  Comm. Exp. 01/26/2013                       | is true and correct and includes all me under Title 15, Election Code.  | perjury, that the accompanying report information required to be reported by   |
| AFFIX NOTARY STAM                              |   | B. ((B. ))  |  |
| Sworn to and subs                              |   |   | , this the   |
| Signature of officer admir                     | Cypry   | Printed names officer administering cath  | Title of officer administering path  |

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

| _ |                 |   |   | ····                          |   |
|---|-----------------|---|---|-------------------------------|---|
|   | The             | Instruction Guide explains how to complete this     | s form.                                 | 1 Total pages Sch             | nedule A:   |
| 2 | FILER NAME      |   |   | 3 ACCOUNT # (E                | thics Commission Filers)                            |
|   | Patti Rad       | dle   |   |                               |   |
| 4 | Date            | 5 Full name of contributor out-of-state PAC (ID#:   |   | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)  |
|   | 7/24/2011       | Ochilibator address, City; State; Zip Gode          | Tx 78209-4421                           | \$30.00                       |   |
|   |                 |   | 17. 10200 1929                          |                               | 1   |
| 9 | Principal occur | pation / Job title (See Instructions)               | 10 Employer (See                        | (If travel outside            | of Texas, complete Schedule T)                      |
|   | Ass             | sistant Secretary                                   | Crosspo                                 |                               |   |
|   | Date            | Full name of contributor  ut-of-state PAC (ID#:_    | )                                       | Amount of                     | In-kind contribution                                |
|   | 40/010044       | Louis H. Zbinden                                    |   | contribution (\$)             | description (if applicable)                         |
|   | 10/5/2011       | Contributor address; City; State; Zip Code          |   | \$200.00                      |   |
|   |                 | 105 Gekhurst Pl. San Antonio, Tex                   | as 78209-2134                           | \$200.00                      |   |
|   |                 |   |   |                               |   |
|   | Principal occur | Dation / Job litle (See Instructions) etired pastor | Employer (See I                         |                               | of Texas, complete Schedule T)                      |
|   |                 | etired pastor                                       | N/A                                     | nistractions)                 |   |
|   | Date            | Full name of contributor out-of-state PAC(ID#:      |   | Amount of                     | In-kind contribution                                |
|   |                 |   |   | contribution (S)              | description (if applicable)                         |
|   |                 | Contributor address; City; State; Zip Code          |   |                               |   |
|   | i               |   |   |                               |   |
|   |                 |   |   |                               |   |
|   | Principal occup | pation / Job title (See Instructions)               | Employer (See I                         |                               | of Texas, complete Schedule T)                      |
|   |                 |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                               |   |
|   | Date            | Full name of contributor                            |   | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   |                 | Contributor address; City; State; Zip Code          |   | I                             |   |
|   |                 |   |   | ,                             |   |
|   |                 |   |   |                               |   |
|   | Principal occup | pation / Job title (See Instructions)               | Employer (See I                         |                               | of Texas, complete Schedule T)                      |
|   |                 |   |   |                               |   |
|   | Date            | Full name of contributor                            | )                                       | Amount of contribution (\$)   | In-kind contribution<br>description (if applicable) |
|   |                 | Contributor address; City: State; Zip Code          |   | !                             |   |
|   |                 | 2.77.   |   | i<br>1                        |   |
|   |                 |   |   |                               |   |
|   | Principal occur | pation / Job title (See Instructions)               | Employer (See in                        | (If travel outside o          | of Texas, complete Schedule Ti                      |
|   |                 | ,             | Employer (See II                        | ionucions)                    |   |
|   |                 |   |   |                               |   |
|   |                 | ATTACH ADDITIONAL CODICO O                          | ET100.00                                |                               | İ   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **POLITICAL EXPENDITURES**

#### SCHEDULE F

|   |   | ······                |   |   |
|---|---|-----------------------|---|---|
| A all a material and present a second                       | EXPENDITURE C                                     |                       |   |   |
| Advertising Expense   |   | Salaries/Wages/Con    |   | an Repayment/Reimbursement                  |
| Accounting/Banking<br>Consulting Expense                    |   | Solicitation/Fundrals |   | ansportation Equipment & Related Expense    |
| Event Expense   | en 113 en   | ravel in District     | Co                                      | ntributions/Donations Made By               |
| Fees  |   | ravel Out Of Distri   | ··-                                     | Candidate/Officeholder/Political Committee  |
| . 003   | • .   | Office Overhead/Re    | , | HER (enter a category not listed above)     |
|   | The Instruction Guide ex                          | xplains how to ci     | omplete this form.                      |   |
| 1 Total pages Schedule F:                                   | 2 FILER NAME                                      |                       |   | 3 ACCOUNT # (Ethics Commission Filers)      |
| 1 of 2 Pages  | Patti Radle                                       |                       |   |   |
| 4 Date -  | 5 Payee name                                      |                       |   |   |
| 7/14/2011   | Elizabeth Rodriguez                               |                       |   |   |
| 6 Amount (\$)   | 7 Payee address; City: State                      | ; Zîp Code            |   |   |
|   | ·   | ·                     |   |   |
| \$100.00  | 14435 Briar Lake, San Antonio,                    | , Texas 78247         |   |   |
| 8 PURPOSE<br>OF   | (a) Category (See categories listed at the top of | this schedule)        | (b) Description (If tr                  | avel outside of Texas, complete Schedule T) |
| EXPENDITURE   | Travel in District                                |                       | Gas for transporta                      |   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate Officeholder name                       |                       | Office sought                           | Office held                                 |
|   |   |                       |   |   |
| Date  | Payee name  |                       |   |   |
| 8/4/2011  | CTC Constant Contact Co.                          |                       |   |   |
| Amount (\$)   | Payee address: City; State                        | : Zip Code            |   |   |
| \$64.88   | 1601 Trapelo Road, Suite 329, W                   | /altham, MA 024       | 151                                     |   |
| PURPOSE   | Category (See categories listed at the top of t   | this schedule)        | Description (If and                     | evel outside of Texas, complete Schedule T) |
| OF<br>EXPENDITURE   | Fees  |                       | 2 month service f                       | or bulk internet distribution               |
| Complete ONLY if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H                | <u> </u>              | Office sought                           | Office held                                 |
| Date  | Payee name  |                       |   |   |
| 8/7/2011  | Office Depot                                      |                       |   |   |
| Amount (\$)   | Payee address; City; State;                       | : Zin Code            |   |   |
| \$169.11  | 2321 SW Military Drive, San An                    | •                     | 224                                     |   |
| PURPOSE   | Category (See categories listed at the top of t   | this schedule)        | Description (If tra                     | avel outside of Texas, complete Schedule T) |
| OF .  | Office Overhead - Supplies                        |                       | Office Supr                             |   |
| EXPENDITURE   | Omes Overneau - Supplies                          |                       | Onice Supp                              | viies .                                     |
| Complete ONLY if direct expenditure to benefit C/O          | Candidate / Officeholder name<br>H                |                       | Office sought                           | Office held                                 |
| Date  | Payee name  |                       |   |   |
| 8/25/2011   | Elizabeth Rodriguez                               |                       |   |   |
| Amount (S)  | Payee address: City; State;                       | ; Zip Code            |   |   |
| \$100.00  | 14435 Briar Lake, San Antonio, 1                  | Texas 78247           |   |   |
| PURPOSE   | Category (See categories listed at the top of the | this schedule)        | Description (If tra                     | avel outside of Texas, complete Schedule T) |
| OF<br>EXPENDITURE   | Travel Expense                                    |                       |   | n travel for district work                  |
| Complete ONLY if direct expenditure to benefit C/C          | Candidate / Officeholder name<br>OH               | ·                     | Office sought                           | Office held                                 |
|   | ATTACH ADDITIONAL COP                             | PIES OF THIS SO       | HEDULE AS NEI                           | EDED.                                       |
|   |   |                       |   |   |

# POLITICAL EXPENDITURES

P.O. Box 12070

#### SCHEDULE F

|  | EXPENDITURE CATEGORIE  | S FOR BOX 8(a)   | \  |              |
|--|--|------------------|--|--------------|
| Advertising Expense                                  | Gift/Awards/Memorials Expense Salaries/Wages/                    | Contract Labor   | Loan Repayment/Reimbursement                   |              |
| Accounting/Banking                                   | Legal Services Solicitation/Fund                                 |                  | Transportation Equipment & Related             | F            |
| Consulting Expense                                   | Food/Beverage Expense Travel In District                         |                  | Contributions/Donations Made By                | Expense      |
| Event Expense  | Polling Expense Travel Out Of D                                  | istrict          | Candidate/Officeholder/Political (             | aattimmoC    |
| Fees   | Printing Expense Office Overhead                                 | /Rental Expense  | OTHER (enter a category not listed             |              |
|  | The Instruction Guide explains how to                            | complete this to | rm.  |              |
| 1 Total pages Schedule F:                            | 2 FILER NAME   |                  | 3 ACCOUNT # (Ethics Commis                     | cian Citara) |
| 2 of 2 Pages   | Patti Radie  |                  | 2 / COOSTI # (Entres Continue                  | SIGH CHEIS!  |
| 4 Date   | 5 Payee name   |                  |  |              |
| 11/21/2011   | Elizabeth Rodriguez  |                  |  |              |
| 6 Amount (\$)  | 7 Payee address; City; State; Zlp Code                           |                  |  | Y**********  |
| ,,,  | ony, state, hip code   |                  |  |              |
| \$100.00   | 14435 Briar Lake, San Antonio, Texas 78247                       | •                |  |              |
| 8 PURPOSE  | (a) Category (See categories listed at the top of this schedule) | (b) Description  | (If travel outside of Texas, complete Schedule | :n           |
| OF<br>EXPENDITURE                                    | Travel   |                  | for SAISD related work                         | ·            |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name<br>H                               | Office sough     | ot Office held                                 |              |
| Date   | Рауее пате   |                  |  |              |
| 12/17/2011   | CTC Constant Contact   |                  |  |              |
|  |  |                  |  |              |
| Amount (\$)  | Payee address: City: State; Zip Code                             |                  |  |              |
| \$64.88  | 1601 Trapelo Road, Suite 329, Walthgam, MA                       | 02451            |  |              |
| PURPOSE  | Category (See categories listed at the top of this schedule)     | Description      | (If travel outside of Texas, complete Schedule | η            |
| OF<br>EXPENDITURE                                    | Fees   |                  | vice for bulk internet distribution            |              |
| Complete ONLY if direct expenditure to benefit C/OI  | Candidate / Officeholder name                                    | Office sough     | t Office held                                  | - Austra     |
| Date   |  |                  |  |              |
| 12/12/2011   | Payee name Opionion Strategies                                   |                  |  |              |
|  | Optomon Strategies   |                  |  |              |
| Amount (\$)  | Payee address; City; State; Zip Code                             |                  |  |              |
| \$200.00   | 1417 Kendalia, San Antonio, Texas                                |                  |  |              |
| PURPOSE  | Category (See categories listed at the top of this schedule)     | Description      | (If travel outside of Texas, complete Schedule | Tì           |
| OF<br>EVERNOR IN                                     | Fees   | ì                |  |              |
| EXPENDITURE  | 1003   | Nobb dial &      | ally of results of SAISD dist                  | ncis         |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name                                    | Office sough     | t Office held                                  | ,            |
| Date   | Payee name   |                  |  |              |
| Amount (S)   | Payee address; City; State; Zip Code                             |                  |  | - 4.180      |
| PURPOSE  | Category (See categories listed at the top of this schedule)     | Doggiatic        |  |              |
| OF<br>EXPENDITURE                                    | Constitution and a secretary of this societary                   | Description      | (If travel outside of Texas, complete Schedule | 1)           |
| Complete ONLY if direct expenditure to benefit C/O   | Candidate / Officeholder name<br>H                               | Office sought    | t Office held                                  |              |
|  | ATTACH ADDITIONAL COPIES OF THIS                                 | SCREDIII E VO    | MEDED  |              |
| ·····  | A PARTADELLONAL COPIES OF SINS                                   | SUMEDULE AS      | ACENEN   |              |
| um ethice etata ty uc                                | ····   |                  |  |              |

# **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

| EXPENDITURE | <b>CATEGORIES</b> | FOR BOX | 8(a) |
|-------------|-------------------|---------|------|

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

| Event Expense<br>Fees               | Polling Expense Travel Out Of Dis<br>Printing Expense Office Overhead/ The Instruction Guide explains how to | Rental Expense OTHER (enter a category not listed above)  |
|-------------------------------------|--|---|
| 1 Total pages Schedule I:<br>1 of 3 | 2 FILER NAME<br>Patti Radle  | 3 ACCOUNT # (Ethics Commission Filers)  |
| 4 Date<br>9/23/2011                 | 5 Payee name<br>Lanier High School   |   |
| 6 Amount (\$)<br>\$500.00           | 7 Payee address; City: State: Zip Code 1514 W. Caesar Chavez Blvd., San Antonio, Te                          | xas 78207   |
| 8 PURPOSE<br>OF<br>EXPENDITURE      | (a) Category (See categories listed at the top of this schedule)  Contributions                              | (b) Description (See instructions regarding type of information required.)  Attendence incentives.                        |
| Date<br>9/6/2011                    | Payee name SAISD Foundation  |   |
| Amount (\$)<br>\$80.00              | Payee address: City: State: Zip Code  141 La Vaca Street, San Antonio, Texas 78210                           |   |
| PURPOSE<br>OF<br>EXPENDITURE        | Category (See categories listed at the top of this schedule)  Contributions                                  | Description (See instructions regarding type of information required.)  Chile Bod Fundraiser for scholarships             |
| Date<br>11/19/2011                  | Payee name<br>HEB Foods  |   |
| Amount (\$)                         | Payee address: City; State: Zip Code   |   |
| \$68.07                             | 4821 Broadway, San Antonio, Texas 78288  |   |
| PURPOSE<br>OF<br>EXPENDITURE        | Category (See categories listed at the top of this schedule)  Gifts  | Description (See instructions regarding type of information required.)  Gift for Finance Department receiving State award |
| Date<br>11/27/2011                  | Payee name AMOL's  |   |
| Amount (\$)<br>\$93.82              | Payee address; City: State; Zip Code 710 South Flores, San Antonio, Texas 78204                              |   |
| PURPOSE<br>OF<br>EXPENDITURE        | Category (See categories listed at the top of this schedule)  Contributions                                  | Description (See instructions regarding type of information required.)  Decorations for community student Holloween event |
|                                     | ATTACH ADDITIONAL COPIES OF THIS   | SCHEDULE AS NEEDED  |

### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense

Accounting/Banking Consulting Expense Event Expense

Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel in District

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

| Fees                            | Printing Expense Office Overhead                                 | /Rental Expense OTHER (enter a category not listed above)                  |
|---------------------------------|--|--|
|                                 | The Instruction Guide explains how to                            |  |
| 1 Total pages Schedule I: 2of 3 | 2 FILER NAME<br>Patti Radle                                      | 3 ACCOUNT # (Ethics Commission Filers)                                     |
| 4 Date                          | 5 Payee name   |  |
| 11/18/2011                      | Lanier High School   |  |
| 6 Amount (\$)                   | 7 Payee address; City; State; Zip Code                           |  |
| \$200.00                        | 1514 W. Caesar Chavez Blvd., San Anto                            | nio, Texas 78207   |
| 8 PURPOSE<br>OF                 | (a) Category (See categories listed at the top of this schedule) | (b) Description (See instructions regarding type of information required.) |
| EXPENDITURE                     | Contributions  | Donation to assist with transportation for playoff game.                   |
| Date                            | Payee name   |  |
| 12/3/2011                       | Sam's Club   |  |
| Amount (\$)                     | Payee address: City: State: Zip Code                             |  |
| \$501.21                        | 3150 SW Military Drive, San Antonio, Texas                       |  |
| PURPOSE                         | Category (See categories listed at the top of this schedule)     | Description (See instructions regarding type of information required.)     |
| OF<br>EXPENDITURE               | Contributions  | Supplies for Lanier community Tamalada                                     |
| Date                            | Payee name   |  |
| 12/17/2011                      | Guinnes World Records  |  |
| Amount (\$)                     | Payee address: City; State; Zip Code                             |  |
| \$719.23                        | 184-192 Drummond Street, 3rd Floor, London, N                    | W13HP, United Kingdom  |
| PURPOSE                         | Category (See categories listed at the top of this schedule)     | Description (See instructions regarding type of information required.)     |
| OF<br>EXPENDITURE               | Contributions  | Donnation for fees for WR attempt by Lanier community                      |
| Date                            | Payee name   |  |
| 12/21/2011                      | Best Buy   |  |
| Amount (\$)                     | Payee address; City; State; Zip Code                             |  |
| \$97.29                         | 2301 SW Military Drive, San Antonio, Texas                       |  |
| PURPOSE                         | Category (See categories listed at the top of this schedule)     | Description (See instructions regarding type of information required.)     |
|                                 | Contributions  | Hard drive for GMR submission for Lanier Tamalada                          |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

| . 000                        |  | Rental Expense OTHER (enter a category not listed above)                   |
|------------------------------|--|--|
| 1 Total pages Schedule I:    | The Instruction Guide explains how to                            |  |
| 3 of 3                       | Patti Radle  | 3 ACCOUNT # (Ethics Commission Filers                                      |
| 4 Date<br>12/20/2011         | 5 Payee name<br>Joshua Henson                                    |  |
| 6 Amount (\$)                | 7 Payee address; City; State; Zip Code                           |  |
| \$100.00                     | 1300 Chihuahua Street, San Antonio, Tex                          | xas 78207  |
| 8 PURPOSE<br>OF              | (a) Category (See categories listed at the top of this schedule) | (b) Description (See instructions regarding type of information required.) |
| EXPENDITURE                  | Fees   | Video transfer of Lanier event for Guinness WR                             |
| Date                         | Payee name   |  |
| Amount (\$)                  | Payee address: City: State; Zip Code                             |  |
| PURPOSE<br>OF<br>EXPENDITURE | Category (See categories listed at the top of this schedule)     | Description (See instructions regarding type of information required.)     |
| Date                         | Рауее пате   |  |
| Amount (\$)                  | Payee address: City: State: Zip Code                             |  |
| PURPOSE<br>OF<br>EXPENDITURE | Category (Sec categories listed at the top of this schedule)     | Description (See instructions regarding type of Information required.)     |
| Date                         | Payee name   |  |
| Amount (\$)                  | Payee address; City; State; Zip Code                             |  |
| PURPOSE<br>OF<br>EXPENDITURE | Category (See categories listed at the top of this schedule)     | Description (See instructions regarding type of Information required.)     |