

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

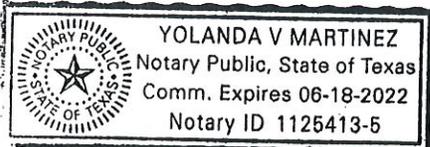
14 C/OH NAME Patti Radle	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES 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 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	\$ 10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,926.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES Sch. F=\$906.12 Sch. I=\$330.39	\$ 1,236.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,932.67
OUTSTANDING LOAN TOTALS	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.

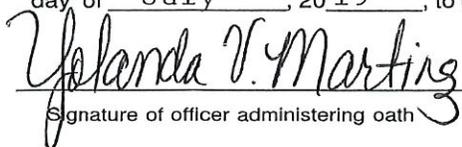


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Patti Radle, this the 11th day of July, 2019, to certify which, witness my hand and seal of office.



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 Patti Radle		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,936.
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	\$ 906.12
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	\$ 330.39
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 2
2 FILER NAME Patti Radle		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy Harst 6 Contributor address; City; State; Zip Code 1830 E. Pyron Ave., San Antonio, Tx 78223	7 Amount of contribution (\$) \$100.
8 Principal occupation / Job title (See Instructions) Muscian		9 Employer (See Instructions) self-employed
Date 4/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Ruszkowshi Contributor address; City; State; Zip Code 810 E. Palace Ave., Unit D, Santa Fe, New Mwxico 87501	Amount of contribution (\$) \$26.
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Stanford Univ.
Date 4/26/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Lewis Contributor address; City; State; Zip Code P.O. Box 5190, San Antonio, Texas 78201	Amount of contribution (\$) \$500.
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Jefferson Bancshares, Inc.
Date 4/28/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoris Rico Contributor address; City; State; Zip Code 127 E. Lynwood Ave., San Antonio, Texas 78212	Amount of contribution (\$) \$100.
Principal occupation / Job title (See Instructions) self-employed		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 2
2 FILER NAME Patti Radle		3 Filer ID (Ethics Commission Filers)
4 Date 4/29/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin & Drought, PC	7 Amount of contribution (\$) \$200.
6 Contributor address; City; State; Zip Code 300 Convent St., 25th Fl., San Antonio, Texas 78206		
8 Principal occupation / Job title (See Instructions) Att.		9 Employer (See Instructions) Martin & Drought, PC
Date 4/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Michael & Candace Petre Humphreys	Amount of contribution (\$) \$500.
Contributor address; City; State; Zip Code 5150 Broadway, #624, San Antonio, Texas 78209		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Alturas Foundation & Wmh Gp, LLC
Date 4/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Guerrero	Amount of contribution (\$) \$250.
Contributor address; City; State; Zip Code 3915 Skylark, San Antonio, Texas 78210		
Principal occupation / Job title (See Instructions) Real estate Developer		Employer (See Instructions) The NRP Group
Date 4/30/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Markson	Amount of contribution (\$) \$250.
Contributor address; City; State; Zip Code 2421 Lake Pancoast Dr., Miami Beach, FL 33140		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 1 of 2		2 FILER NAME Patti Radle		3 Filer ID (Ethics Commission Filers)	
4 Date 5/9/2019		5 Payee name Dollar Tree			
6 Amount (\$) \$36.01		7 Payee address; City; State; Zip Code 1106 Culebra Rd., San Antonio, Texas 78201			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) Gifts		(b) Description (See instructions regarding type of information required.) for school staffs for Teacher Appreciation	
Date 5/9/2019		Payee name HEB (containers for candy)			
Amount (\$) \$164.06		Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Gifts (candy)		Description (See instructions regarding type of information required.) for school staffs for Teacher Apopreciation	
Date 5/4/2019		Payee name HEB			
Amount (\$) \$25.10		Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Gift		Description (See instructions regarding type of information required.) Flower for award recognition	
Date 6/20/2019		Payee name Our Lady of Guadalupe Shrine			
Amount (\$) \$60.		Payee address; City; State; Zip Code 1321 El Paso Street, San Antonio, Texas 78207			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Gifts (water bottles)		Description (See instructions regarding type of information required.) for musicians providing free community concert	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule F1: 1 of 4	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
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4 Date 4/25/2019	5 Payee name Rosaura Coronado
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6 Amount (\$) \$150.	7 Payee address; City; State; Zip Code 2312 Perez Street, San Antonio, Texas 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor- phone voter contacts	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
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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 4/26 & 5/1/2019	Payee name Nation Builder
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Amount (\$) \$38.15	Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Floor, Los Angeles, CA 90071
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
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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 4/30/2019	Payee name Thompson Solutions
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Amount (\$) \$292.28	Payee address; City; State; Zip Code 5818 Rocky Point Dr., San Antonio, Texas 78249
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense- Mailer	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
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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

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.

1 Total pages Schedule F1: 2 of 4	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2019	5 Payee name Rosaura Coronado	
6 Amount (\$) \$150.	7 Payee address; City; State; Zip Code 2312 Perez Street, San Antonio, Texas 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor- phone voter contacts	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 5/2/2019	Payee name Pizza Hut	
Amount (\$) \$49.01	Payee address; City; State; Zip Code 730 S. Santa Rosa, San Antonio, Texas 78204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food, Bev. Expense- pizzas for volunteers	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 5/3/2019	Payee name Guadalupe Lumber Co.	
Amount (\$) \$14.06	Payee address; City; State; Zip Code 1547 S. Zarzanora, San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense- cable ties for signs	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

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.

1 Total pages Schedule F1: 3 of 4	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
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4 Date 5/4/2019	5 Payee name Linda's Mexican Restaurant
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6 Amount (\$) \$35.79	7 Payee address; City; State; Zip Code 1424 Guadalupe Street, San Antonio, Texas 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Expense- Tacos for volunteer workers	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 5/4/2019	Payee name HEB
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Amount (\$) \$106.49	Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev. Expense- food for volunteer watch party	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 5/4/2018	Payee name HEB
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Amount (\$) \$54.10	Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev. Expense- sandwiches for volunteer watch part	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

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.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
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4 Date 5/4/2019	5 Payee name Oasis Tropical Fruit
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6 Amount (\$) \$16.24	7 Payee address; City; State; Zip Code 2316 S. Laredo St., San Antonio, Texas 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Expense- fruit for volunteer watch party	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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: 2 of 2	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/2019	5 Payee name HEB	
6 Amount (\$) \$45.22	7 Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Food donation	(b) Description (See instructions regarding type of information required.) Rodriguez Elem. community event
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.)
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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED