

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align:center;">Mary                      P.</p> NICKNAME                      LAST                      SUFFIX <p style="text-align:center;">Patti                      Radle</p>	<b>OFFICE USE ONLY</b> Date Received  04-04-19A11:30 RCVD  Date <u>Hand-delivered</u> or Date Postmarked <p style="text-align:right; color:blue;">April 4, 2019</p> Receipt #                      Amount \$  Date Processed  Date Imaged	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1202 Tampico Street    San Antonio    Texas    78207		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 210 )                      225-6913		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align:center;">Joanne</p> NICKNAME                      LAST                      SUFFIX <p style="text-align:center;">Sanchez</p>		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 615 Brady                      San Antonio, Texas    78207		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 210 )                      226-3898		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year 1 / 1 / 2019                      THROUGH                      4 / 4 / 2019		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year 5 / 4 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) SAISD Trustee District 5	<b>13</b> 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)**

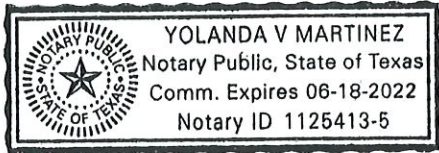
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<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)	\$ 8,840.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES Sch. F= \$2,568.86 Sch. I= \$1,329.18	\$ 3,899.04
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,287.25
<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 4th day of April, 2019, 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

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19 FILER NAME</b>  Patti Radle		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> 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	\$ 2,569.86
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	\$ 1,329.18
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: <b>13</b>
2 FILER NAME <b>Patti Radle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/6/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Peter Maher</b> 6 Contributor address; City; State; Zip Code <b>618 Coronet St., San Antonio, Texas 78216</b>	7 Amount of contribution (\$) <b>\$30.00</b>
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>NA</b>
Date <b>2/15/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Starkey</b> Contributor address; City; State; Zip Code <b>711 Edgebrook, San Antonio, Texas 78213</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>NA</b>
Date <b>2/4/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barbara Tracy</b> Contributor address; City; State; Zip Code <b>3211 Morning Creek, San Antonio, Texas 78247</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>NA</b>
Date <b>2/4/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Barbara White-Howell</b> Contributor address; City; State; Zip Code <b>105 Magnolia Dr., San Antonio, Texas 78212</b>	Amount of contribution (\$) <b>\$25.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>NA</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:

13

2 FILER NAME

Patti Radle

3 Filer ID (Ethics Commission Filers)

4 Date

2/4/2019

5 Full name of contributor

Thomas Keene

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

181 Hermine Blvd., San Antonio, Texas 78212

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

NA

Date

2/6/2019

Full name of contributor

Enrique & Isabel Sanchez

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

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

1710 Vera Cruz St., San Antonio, Texas 78207

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

NA

Date

2/7/2019

Full name of contributor

Ed Whitacre

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

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

325 Terrell Road, San Antonio, Texas 78209

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

NA

Date

2/7/2019

Full name of contributor

John & Jeanne Hackett

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

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

123 Elsmere Pl., San Antonio, Texas 78212

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

NA

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

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# SCHEDULE A1

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1 Total pages Schedule A1:

13

2 FILER NAME

Patti Radle

3 Filer ID (Ethics Commission Filers)

4 Date

2/6/2019

5 Full name of contributor

Abel Perez

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

6 Contributor address;

City; State; Zip Code

3801 E. Songbird Ln, San Antonio, Texas 78229

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

NA

Date

2/3/2019

Full name of contributor

Geroge Block

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

Contributor address;

City; State; Zip Code

127 Burr Rd., Unit 4, San Antonio, Texas 78209

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

NA

Date

2/4/2019

Full name of contributor

Mark Gross

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

Contributor address;

City; State; Zip Code

9018 Tesoro, Suite 102, San Antonio, Texas 78217

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

construction

Employer (See Instructions)

self-employed, Concept Builders

Date

2/2/2019

Full name of contributor

Chris Plauche

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

Contributor address;

City; State; Zip Code

601 N. Santa Rosa St., Apt. 1-11, San Antonio, Texas 78207

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Director

Employer (See Instructions)

Catholic Worker House

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

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2 FILER NAME <b>Patti Radle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/5/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judine Taylor</b> 6 Contributor address; City; State; Zip Code <b>11310 Whisper Falls, San Antonio, Texas 78230</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>NA</b>
Date <b>2/7/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Maguire</b> Contributor address; City; State; Zip Code <b>707 Executive Drive, San Antonio, Texas 78216</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>NA</b>
Date <b>2/8/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen Cochran</b> Contributor address; City; State; Zip Code <b>6203 Welles Brook Dr., San Antonio, Texas 78240</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>attorney</b>		Employer (See Instructions) <b>self-employed</b>
Date <b>2/7/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gordon Hartman</b> Contributor address; City; State; Zip Code <b>1202 W. Bitters, Bldg. 1, #1200, San Antonio, Texas 78216</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>philanthapist</b>		Employer (See Instructions) <b>N/A</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		



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4 Date <b>2/3/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stan &amp; Wendy Drezek</b> 6 Contributor address; City; State; Zip Code <b>6 Westelm Garden, San Antonio, Texas 78230</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>NA</b>
Date <b>2/9/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sheryl Tynes</b> Contributor address; City; State; Zip Code <b>146 Oakmont Ct., San Antonio, Texas 78212</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>professor</b>		Employer (See Instructions) <b>Trinity University</b>
Date <b>2/10/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charlie &amp; Abbie Cotrell</b> Contributor address; City; State; Zip Code <b>508 W. Craig Pl., San Antonio, Texas 78212</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/9/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cathy Obriotti Green</b> Contributor address; City; State; Zip Code <b>128 Grant Ave., San Antonio, Texas 78209</b>	Amount of contribution (\$) <b>\$150.00</b>
Principal occupation / Job title (See Instructions) <b>philanthapist</b>		Employer (See Instructions) <b>N/A</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Patti Radle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/11/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phil Hardberger</b> 6 Contributor address; City; State; Zip Code <b>319 W. Hollywood Ave., San Antonio, Texas 78212</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>attorney</b>		9 Employer (See Instructions) <b>Dykema, Cox &amp; Smith</b>
Date <b>2/11/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Richard Evans</b> Contributor address; City; State; Zip Code <b>315 Terrell Rd., San Antonio, Texas 78209</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/12/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arturo Madrid &amp; Antonia Castaneda</b> Contributor address; City; State; Zip Code <b>2420 McCullough Ave. Apt. 302, San Antonio, Texas 78212</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/10/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Catherine Schneider</b> Contributor address; City; State; Zip Code <b>2508 Toby Rd., Orion, MI</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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4 Date <b>2/12/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hall &amp; Pat Hammond</b> 6 Contributor address; City; State; Zip Code <b>215 Argyle, San Antonio, Texas 78209</b>	7 Amount of contribution (\$) <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions) <b>self-employed sales</b>		9 Employer (See Instructions) <b>PMM Ink</b>
Date <b>2/11/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Drew Cauthorn</b> Contributor address; City; State; Zip Code <b>427 Evans Ave., San Antonio, Texas 78209</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>management</b>		Employer (See Instructions) <b>Ellison Management LLC</b>
Date <b>2/14/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John &amp; Dolores Willome</b> Contributor address; City; State; Zip Code <b>P.O. Box 1138, Boerne, Texas 78006</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/15/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Phillip Green</b> Contributor address; City; State; Zip Code <b>157 Cibolo Ridge Trail, Boerne, Texas 78015</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Patti Radle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/20/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Beldon</b> 6 Contributor address; City; State; Zip Code <b>4 Westelm Cir., San Antonio, Texas 78230</b>	7 Amount of contribution (\$)  <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions) <b>owner of roofing company</b>		9 Employer (See Instructions) <b>Beldon roofing</b>
Date <b>2/19/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pat Maloney</b> Contributor address; City; State; Zip Code <b>239 E. Commerce, San Antonio, Texas 78205</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>attorney</b>		Employer (See Instructions) <b>Offices of Pat Maloney</b>
Date <b>2/8/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don &amp; Kim Arispe</b> Contributor address; City; State; Zip Code <b>14026 Wildcat Lair, San Antonio, Texas 78253</b>	Amount of contribution (\$)  <b>\$25.00</b>
Principal occupation / Job title (See Instructions) <b>Community Development Consultant</b>		Employer (See Instructions) <b>owner of CFAR</b>
Date <b>2/19/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Molly Watt</b> Contributor address; City; State; Zip Code <b>322 Argo, San Antonio, Texas 78209</b>	Amount of contribution (\$)  <b>\$10.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

13

2 FILER NAME

Patti Radle

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/2019

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

Dr. Alfonso Chiscano

6 Contributor address; City; State; Zip Code

7887 Broadway, #803, San Antonio, Texas 78209

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

MD

9 Employer (See Instructions)

UT Health Science Center

Date

2/21/2019

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

Kevin Downey

Contributor address; City; State; Zip Code

13622 Inwood Park, San Antonio, Texas 78216

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

Crosspoint

Date

2/22/2019

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

Charles Butt

Contributor address; City; State; Zip Code

335 King William, San Antonio, Texas 78204

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

HEB

Date

3/2/2019

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

Suzanne Alford

Contributor address; City; State; Zip Code

308 Geneseo, San Antonio, Texas 78209

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

VP, sales and advertising

Employer (See Instructions)

HEB

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

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>Patti Radle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/1/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Debra Salge</b> 6 Contributor address; City; State; Zip Code <b>326 Washington, San Antonio, Texas 78204</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Executive Assistant</b>		9 Employer (See Instructions) <b>HEB</b>
Date <b>2/27/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Cheever</b> Contributor address; City; State; Zip Code <b>11112 Monmouth, San Antonio, Texas 78239</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>3/3/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janet Realini</b> Contributor address; City; State; Zip Code <b>24348 Cherry Spring, San Antonio, Texas 78255</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions) <b>MD</b>		Employer (See Instructions) <b>Healthy Futures of SA</b>
Date <b>3/1/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susie Mendiola</b> Contributor address; City; State; Zip Code <b>123 E. Mistletoe, San Antonio, Texas 78212</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:

13

2 FILER NAME

Patti Radle

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/2019

5 Full name of contributor

Patricia Ayers

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

6 Contributor address;

City; State; Zip Code

9432 Bee Cave Rd., #140, Austin, Texas 78733

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

N/A

Date

3/22/2019

Full name of contributor

Lynnell Burkett

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

Contributor address;

City; State; Zip Code

23 Donore Square, San Antonio, Texas 78229

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N/A

Date

3/22/2019

Full name of contributor

Carmen Tafolla

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

Contributor address;

City; State; Zip Code

10711 Lost Hilltop, San Antonio, Texas 78230

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

author

Employer (See Instructions)

self-employed

Date

3/22/2019

Full name of contributor

Thomas Reedy

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

Contributor address;

City; State; Zip Code

5100 John Ryan Blvd., #316, San Antonio, Texas 78245

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

N/A

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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: <b>13</b>
2 FILER NAME <b>Patti Radle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/3/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sylvia Rangel</b> 6 Contributor address; City; State; Zip Code <b>3007 King Birch St., San Antonio, Texas 78230</b>	7 Amount of contribution (\$) <b>\$50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/24/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rose Mary Orosco-Hayward</b> Contributor address; City; State; Zip Code <b>3527 Rock Creek Run, San Antonio, Texas 78230</b>	Amount of contribution (\$) <b>\$50.00</b>
Principal occupation / Job title (See Instructions) <b>School Social Worker</b>		Employer (See Instructions) <b>Edgewood ISD</b>
Date <b>2/11/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leo F. Perron</b> Contributor address; City; State; Zip Code <b>3707 N. St. Mary's St., Suite 201, San Antonio, Texas 78212</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Brarton, Hall, Rodriguez, Cruz, P.C. (partner)</b>
Date <b>2/5/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Alice Solis</b> Contributor address; City; State; Zip Code <b>104 Ross Ave., San Antonio, Texas 78225</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>management</b>		Employer (See Instructions) <b>self-employed</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p><b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>13</b>
2 FILER NAME <b>Patti Radle</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/2019</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Plyar</b> 6 Contributor address; City; State; Zip Code <b>4218 Misty Glade, San Antonio, Texas 78247</b>	7 Amount of contribution (\$)  <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>3/22/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca Waldman</b> Contributor address; City; State; Zip Code <b>112 E. Rosewood Ave., San Antonio, Texas 78249</b>	Amount of contribution (\$)  <b>\$25.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>3/22/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matt Weber</b> Contributor address; City; State; Zip Code <b>7526 Carriage Pass, San Antonio, Texas 78249</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>Educator</b>		Employer (See Instructions) <b>SAISD</b>
Date <b>2/28/2019</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ephraim Bosman</b> Contributor address; City; State; Zip Code <b>1302 Tampico Street, San Antonio, Texas 78207</b>	Amount of contribution (\$)  <b>\$100.00</b>
Principal occupation / Job title (See Instructions) <b>club owner</b>		Employer (See Instructions) <b>self-employed owner of Boaman's</b>

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



# 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>5</b>	<b>2</b> FILER NAME <b>Patti Radle</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/6/2019</b>	<b>5</b> Payee name <b>HEB</b>	
<b>6</b> Amount (\$) <b>\$12.32</b>	<b>7</b> Payee address; City; State; Zip Code <b>108 N. Rosillo, San Antonio, Tx 78207</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising - cleaning supplies for signs</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 <b>2/7/2019</b>	Payee name <b>Home Depot</b>	
Amount (\$) <b>\$112.43</b>	Payee address; City; State; Zip Code <b>2658 NW Military Dr., San Antonio, Texas 78224</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising - materials for sign installation</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 <b>2/23, 3/2, 3/16 &amp; 3/22/19</b>	Payee name <b>Linda's Mexican Rest/.</b>	
Amount (\$) <b>\$86.78</b>	Payee address; City; State; Zip Code <b>1424 Guadalupe St., San Antonio, Texas 78207</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food Expense - Tacos for Blockwalkers</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: _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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>5</b>	<b>2</b> FILER NAME <b>Patti Radle</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/29/2019	<b>5</b> Payee name US Postal Service	
<b>6</b> Amount (\$) \$101.20	<b>7</b> Payee address; City; State; Zip Code 1140 S. Laredo St., San Antonio, Tx 78207	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Postage for fundraising	<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 1/29/2019	Payee name Office Depot	
Amount (\$) \$402.01	Payee address; City; State; Zip Code 2321 NW Military Dr., San Antonio, Texas 78224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fundraising & Advertising Supplies	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 2/1/2019	Payee name Office Depot	
Amount (\$) \$27.03	Payee address; City; State; Zip Code 2321 NW Military Dr., San Antonio, Texas 78224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising - cleaning supplies 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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# 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: 5	<b>2</b> FILER NAME Patti Radle	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date Jan-March, 2019	<b>5</b> Payee name BBVA Compass
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<b>6</b> Amount (\$) \$21.00	<b>7</b> Payee address; City; State; Zip Code 218 S. Zarzamora Street, San Antonio, Tx 78207
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/11/2019	Payee name NationBuilder
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Amount (\$) \$350.00	Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Floor, Los Angeles, CA 90071
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	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 March 22,25 & 27, 2019	Payee name Nation Builder
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Amount (\$) \$23.96	Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Floor, Los Angeles, CA 90071
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<b>PURPOSE OF EXPENDITURE</b>	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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# 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: 5	<b>2</b> FILER NAME Patti Radle	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/11/2019	<b>5</b> Payee name Next Day Custom Tees
----------------------------	---

<b>6</b> Amount (\$) \$212.17	<b>7</b> Payee address; City; State; Zip Code 3919 S. Presa, San Antonio, Tx 78210
----------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising - shirts for blockwalkers	<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 3/11/2019	Payee name GoDaddy
-------------------	-----------------------

Amount (\$) \$25.85	Payee address; City; State; Zip Code 14455 N. Hayden Rd., Suite 219, Scottsdale, AZ 85260
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	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 3/14/2019	Payee name Prestige Printing, LLC (reimbursement to Gabriel Salazar for purchase)
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Amount (\$) \$395.11	Payee address; City; State; Zip Code 8 Burwood Lane, San Antonio, Texas 78216
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising - 1,500 campaign info cards	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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>5</b>	<b>2</b> FILER NAME <b>Patti Radle</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/16/2019</b>	<b>5</b> Payee name <b>Gabriel Salazar</b>	
<b>6</b> Amount (\$) <b>\$800.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>7123 Thrush View Lane, San Antonio, Texas 78209</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Consulting Expense</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: _____	

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# 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:  3	<b>2</b> FILER NAME  Patti Radle	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/22/2019	<b>5</b> Payee name SA2020	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 123 Heiman St., San Antonio Texas 78205	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Contribution	<b>(b)</b> Description (See instructions regarding type of information required.) contribution for education research and data support
Date 1/24/2019	Payee name Jilma Davila, Hope in Tutus, Rosriguez Elementary	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 403 N. General McMullen, #604, San Antonio, Texas 78237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Contribution	Description (See instructions regarding type of information required.) supporting a plate sale to raise funds for Rodriguez Elementary after-school program
Date 1/29/2019	Payee name HEB	
Amount (\$) \$28.98	Payee address; City; State; Zip Code 108 Rosillo, San Antonio, Texas 78207	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Gift	Description (See instructions regarding type of information required.) Cake for Rhodes Middle School Choir
Date 2/12/2019	Payee name San Antonio Woman's Hall of Fame	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 461104, San Antonio, Texas 78246	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Contribution	Description (See instructions regarding type of information required.) Contribution in honor of Donnie Whitel, supporting YWLA

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# 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:  3	<b>2</b> FILER NAME  Patti Radle	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/16/2019	<b>5</b> Payee name Chicho Boys Fruit Market	
<b>6</b> Amount (\$) \$45.98	<b>7</b> Payee address; City; State; Zip Code 1631 S. Laredo Street, San Antonio Texas 78207	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Food	<b>(b)</b> Description (See instructions regarding type of information required.) food for meeting with Middle School and High School parents
Date 2/16/2019	Payee name Linda's Mexican Restaurant	
Amount (\$) \$30.22	Payee address; City; State; Zip Code 1424 Guadalupe Street, San Antonio, Texas 78207	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Food	Description (See instructions regarding type of information required.) food for meeting with Middle Schhol and High School parents
Date 2/15/2019	Payee name Dollar Tree Store #7534 (reimburse Patti Radle for cash purchase)	
Amount (\$) \$25.98	Payee address; City; State; Zip Code 1106 Culebra Rd., San Antonio, Texas 78201	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Gifts	Description (See instructions regarding type of information required.) gifts for parents attending Middle and High School meeting on 2/16/2019
Date 2/23/2019	Payee name Zapatos	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 5202 Metcalf, San Antonio, Texas 78239	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Contribution	Description (See instructions regarding type of information required.) for purchase of shoes for students

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# 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: <span style="font-size: 24pt;">3</span>	<b>2</b> FILER NAME <p style="text-align: center;">Patti Radle</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/25/2019	<b>5</b> Payee name Amol's (reimbursement to Patti Radle for cash purchase)	
<b>6</b> Amount (\$) \$34.07	<b>7</b> Payee address; City; State; Zip Code 227 Fredericksburg Rd., San Antonio Texas 78201	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Contribution	<b>(b)</b> Description (See instructions regarding type of information required.) prizes for Resident Association event at the Alazan-Apache Housing Development
Date 3/7/2019	Payee name Estrada Achievement Center	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1112 S. Zarzamora Street, San Antonio, Texas 78207	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Contribution	Description (See instructions regarding type of information required.) for student incentives
Date 3/15/2019	Payee name Robert's Flower Shop	
Amount (\$) \$63.95	Payee address; City; State; Zip Code 423 Castroville Rd., San Antonio, Texas 78207	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Gift	Description (See instructions regarding type of information required.) flowers for Teacher of the Year winners
Date 2/16/2019	Payee name Cinderella Bakery	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 1261 Saltillo, San Antonio, Texas 78207	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Food	Description (See instructions regarding type of information required.) food for meeting with parents of Middle School and High School students

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