

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">Mary P.</p> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">Patti Radle</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">OFFICE USE ONLY</div> Date Received 04-25-19P12:15 RCVD Date Hand-delivered or Date/Postmarked <p style="text-align: right; font-size: 1.2em;">4/25/19</p> Receipt # Amount \$ Date Processed <p style="text-align: right; font-size: 1.2em;">4/25/19</p> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1202 Tampico Street San Antonio, Tx 78207 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 225-6913		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align: center;">Joanne</p> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">Sanchez</p>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 615 Brady San Antonio, Texas 78207		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 226-3898		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3 / 26 / 2019 THROUGH 4 / 24 / 2019		
11 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	
12 OFFICE	OFFICE HELD (if any) SAISD Trustee District 5	13 OFFICE SOUGHT (if known) same	

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 <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES Sch.F= \$7029.07 Sch.I= \$375.00	\$ 7,404.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,233.18
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.

YOLANDA V MARTINEZ
Notary Public, State of Texas
Comm. Expires 06-18-2022
Notary ID 1125413-5

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patti Radle, this the 25th day of April, 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		\$ 1,350.00
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		\$ 7,029.07
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		\$ 375.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/19	5 Payee name Linda's Mexican Restaurant	
6 Amount (\$) \$75.	7 Payee address; City; State; Zip Code 1424 Guadalupe Street, San Antonio, Tx 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) refreshments	(b) Description (See instructions regarding type of information required.) Tacos for Sat. Lanier students
Date 4/13/19	Payee name Sanchez-Fuentes Scholarship Fund	
Amount (\$) \$300.	Payee address; City; State; Zip Code 1710 Vera Cruz, San Antonio, Trxas 78207	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) donation	Description (See instructions regarding type of information required.) scholarships for Lanier students
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Patti Radle

3 Filer ID (Ethics Commission Filers)

4 Date

3/26/19

5 Full name of contributor

John Heard

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.

6 Contributor address; City; State; Zip Code

10715 Gulfdale, San Antonio, Tx 78216

8 Principal occupation / Job title (See Instructions)

lawyer

9 Employer (See Instructions)

Heard & Smith

Date

3/29/19

Full name of contributor

Sonia M. Rodriguez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.

Contributor address; City; State; Zip Code

3906 Forest Creek St., SA, Tx 78230

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

Cowen, Rodriguez, Peacock

Date

4/12/19

Full name of contributor

Rez M. Amini

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.

Contributor address; City; State; Zip Code

370 Terrell Rd., San Antonio, Tx 78209

Principal occupation / Job title (See Instructions)

Managing Director

Employer (See Instructions)

Sage Energy Co

Date

4/12/19

Full name of contributor

Wlater Embrey

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.

Contributor address; City; State; Zip Code

1020 NE Loop 410, #700, SA, Tx 78209

Principal occupation / Job title (See Instructions)

Partner

Employer (See Instructions)

Embrey Partners, Ltd.

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
2 FILER NAME Patti Radle		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Lee	7 Amount of contribution (\$) \$250.
6 Contributor address; City; State; Zip Code 970 Isom, San Antonio, Tx 78216		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/18/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Townsen & Diane Lang	Amount of contribution (\$) \$25.
Contributor address; City; State; Zip Code 143 Walton, San Antonio, Texas 78225		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 4/12/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar & Joan Marshall	Amount of contribution (\$) \$100.
Contributor address; City; State; Zip Code 18102 Apache Springs Dr., SA, Tx 78259		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 4/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Gonzales	Amount of contribution (\$) \$25.
Contributor address; City; State; Zip Code 203 Clearview Dr., San Antonio, Tx 78228		
Principal occupation / Job title (See Instructions) Escrow Officer		Employer (See Instructions) Mission Title

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES 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: 8	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 3/26/19	5 Payee name Francisco Cortes	
6 Amount (\$) \$125.	7 Payee address; City; State; Zip Code 2719 W. Caesar Chavez, #3, San Antonio, Tx 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses - photos for mailers	(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 3/28/19	Payee name Guadalupe Lumber Company	
Amount (\$) \$42.19	Payee address; City; State; Zip Code 1547 S. Zarzamora St., San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense - plastic cables 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/30/19	Payee name Gabriel Salazar	
Amount (\$) \$800.	Payee address; City; State; Zip Code 7123 Thrush View Lane, #37, San Antonio, Texas 78209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense - campaign data services	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: _____	
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: 8	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/19	5 Payee name HEB	
6 Amount (\$) \$91.09	7 Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Expense- 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 4/6/19	Payee name HEB	
Amount (\$) \$48.06	Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense- for blockwalkers	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 _____	
Date 4/8/19	Payee name Lone Star Media	
Amount (\$) \$1,190.75	Payee address; City; State; Zip Code 1011 N. Frio St., San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense- yard signs	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 _____	

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: 8	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 4/9/19	5 Payee name Next Day Custom Tees	
6 Amount (\$) \$107.71	7 Payee address; City; State; Zip Code 3919 S. Presa St., San Antonio, Texas 78210	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense- T-shirts for block walkers	(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 4/10/19	Payee name US Post Office	
Amount (\$) \$110.	Payee address; City; State; Zip Code 1140 S. Laredo St., San Antonio, Texas 78205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead- postage for correspondence	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 4/10/19	Payee name Office Depot	
Amount (\$) \$165.75	Payee address; City; State; Zip Code 2321 NW Military Dr., San Antonio, Texas 78224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead- office supplies	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: _____	

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: 8	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
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4 Date 4/11/19	5 Payee name Thompson Solutions
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6 Amount (\$) \$363.64	7 Payee address; City; State; Zip Code 5818 Rocky Point Dr., San Antonio, Texas 78249
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense-Mailer	(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 4/9/19	Payee name Lone Star Media LLC
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Amount (\$) \$1,015.38	Payee address; City; State; Zip Code 1011 N. Frio St., San Antonio, Texas 78207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense-print, postage mailers	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 4/9/19	Payee name Linda's Mexican RestauraNT
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Amount (\$) \$35.	Payee address; City; State; Zip Code 1424 Guadalupe St., San Antonio, Texas 78207
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense-Tacos for blockwalkers	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: 8	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/19	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 4/17/19	Payee name Staples	
Amount (\$) \$216.77	Payee address; City; State; Zip Code on line order through www.staples.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead- office supplies	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 4/16/19	Payee name Harland Checks through BBVA	
Amount (\$) \$274.98	Payee address; City; State; Zip Code 218 S. Zarzamora, San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead- check printing	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	

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: 8	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 4/18/19	5 Payee name Rosaura Coronado	
6 Amount (\$) \$150.	7 Payee address; City; State; Zip Code 2312 Perez Street, San Antonio, Texas &*@)&	
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 4/19/19	Payee name HEB	
Amount (\$) \$28.	Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense- snacks for poll workers	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 _____	
Date 4/20/19	Payee name Family Dollar	
Amount (\$) \$37.76	Payee address; City; State; Zip Code 719 S. Brazos St., San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense- water bottles for poll workers	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 _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/19	5 Payee name Office Depot	
6 Amount (\$) \$114.63	7 Payee address; City; State; Zip Code 2321 NW Military Dr., San Antonio, Texas 78224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense- for poll cards for voters	(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 4/20/19	Payee name Office Depot	
Amount (\$) \$81.18	Payee address; City; State; Zip Code 2321 NW Military Dr., San Aontonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead- printer ink	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	
Date 4/22/19	Payee name Lone Star Media	
Amount (\$) \$1,058.68	Payee address; City; State; Zip Code 1011 N. Frio St., San Antonio, Texas 78207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising-Expense- print, postage mailers	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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/19	5 Payee name Gabriel Salazar	
6 Amount (\$) \$800.	7 Payee address; City; State; Zip Code 7123 Thrush View Lane, #37, San Antonio, Texas 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense-campaign data services	(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 3/27/19, 4/12/19, 4/16/19, 4/17/19	Payee name Nation Builder	
Amount (\$) \$22.5	Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Floor, Los Angeles, CA 90071	
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
	9 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	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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