# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	Warren	n	
NAME	Mary	P	Date Received
	NICKNAME LAST	SUFFIX	07-07-15 A09:27 RCVD
	Patti Radle		x
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
ADDRESS	1202 Tampico Street San Ant	tonio, Texas 78207	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	( 210 ) 225-6913		Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST  Joanne	МІ	Date Imaged
NAME			
	NICKNAME LAST Sanchez	SUFFIX	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS			70207
(residence or business)	615 Brady	San Antonio, Texas	78207
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	( 210 ) 226–3898		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)
	X July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
	out day before election	limit	rillal lepoit (Allacii Cion - PK)
10 PERIOD	Month Day Year	Month Day	Year
COVERED	1 / 1 /2015 THROUGH	6 / 30 /	2015
		/ /	
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff Ge	eneral Special
	, ,		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	SAISD Trustee District 5		
	GO TO PAGI	E 2	
			1

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

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

15 ACCOUNT # (Ethics Commission Filers)

(512) 463-5800

14 C/OH NAME	Patti Radl		5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 11,125.00			
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$ 0	
	4. TOTAL POLITICAL EXPENDITURES Sch. F= \$5,605.10 Sch. I= \$3,106.03 \$ 8,711.13			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	AY \$ 8,678.99	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	HE \$ 0	
18 AFFIDAVIT	*		perjury, that the accompanying report information required to be reported by	
YOLANDA V MARTINEZ Notary Public, State of Texas My Commission Expires June 18, 2018  Me under Title 15, Election Code.				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said <u>Patti Radle</u> , this the				
6th day	6th day of July , 20 15 , to certify which, witness my hand and seal of office.			
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				

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

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A: 1 of 13
2 FILER NAME	Patti Radle		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/23/15	Charles C. Butt		\$1,000	
3/23/13	6 Contributor address; City; State; Zip Code	m 7000/	41,000	
	335 King William, San Antonio,	Tx /8204	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
	Owner & Chairman	HEB Foods	3	
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of	In-kind contribution
4/1/15	T.C. Frost		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$1,000	
	P.O. Box 1600, T-4, San Antoni	o, Tx 78296		·
			(If travel outside of	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  retired  Employer (See Instructions)			nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/24/15	Yo1anda Sosa  Contributor address; City; State; Zip Code		\$25.	
	1510 Colima St, San Antonio,	Texas 78207		
			//f t	of Tayes, complete Cabadyla To
	- Nov. ( Joh Mile (Con Instructions)	Employer (See I		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) retired	Employer (See I	instructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/24/15	Guadalupe Espinoza			description (ii applicable)
3/2-1/13	Contributor address; City; State; Zip Code		\$20.	
*	321 Montezumsa, San Antonio, T	exas 78207		
			(If travel outside o	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
	retired			
Date	Full name of contributor  out-of-state PAC (ID#:		Amount of	In-kind contribution
4/2/15	CL Adamson		contribution (\$)	description (if applicable)
000 1 Pr 100 100 100	Contributor address; City; State; Zip Code		\$50 <b>.</b>	
			(If traval autaids	of Toyan complete Schedule T
Principal occur	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
, , , , , , , , , , , , , , , , , , , ,	retired			

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

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

### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch 2	nedule A: of 13
2 FILER NAME	Patti Radle		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/2/15	John Heard		\$250	
	6 Contributor address; City; State; Zip Code		-0.0 1999 199	ĺ
	3737 Broadway, Ste 310, SA, Tx	x 78209–6598		
		~	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	V 2007-2 - 1779-1800 Para Amerika
	Attorney	self-emplo	yed	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
4/2/15	Mary Alice Solis		contribution (\$)	description (if applicable)
7/2/23	Contributor address; City; State; Zip Code		\$100	
	104 Ross, SA, Tx 78225	!	3	
	10.1.1.1.1.1		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) retired	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/2/15	George Block Contributor address; City; State; Zip Code		\$500	dessipasi (a apparati
	2404 Benrus, SA, Tx 78228			ĺ
	2404 Denius, Da, In 102-0			
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) retired	Employer (See I	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/4/15	Ruben Escobedo		Continuation (4)	description (ii applicable)
., .,	Contributor address; City; State; Zip Code		\$250	
	2632 Broadway, Suite 202 North,	, SA, Tx 7821	5	
			(If travel outside of	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		
	Attorney			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/4/15	Bryce & Mary Milligan  Contributor address; City; State; Zip Code		\$50	70 60 600
	Service of the servic		1	
	627 E. Guenther, SA, Tx 782	10		i I
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
			ALC: NO PERSON NAMED IN COLUMN 2 IN COLUMN	

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

#### SCHEDULE A

				A STATE OF THE STA
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: 3 of 13
2 FILER NAME	Patti Radle		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#_		7 Amount of	8 In-kind contribution description (if applicable)
4/4/15	Patrick H. Swearinton		contribution (\$)	description (ii applicable)
4/4/13	6 Contributor address; City; State; Zip Code		\$100	1
	310 Argyle, SA, Tx 78209			
	708		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	nstructions)	
	retired	CONTRACT TO SAIL OF		
Date	Full name of contributor		Amount of	In-kind contribution
4/3/15	Louis H. Zbinden		contribution (\$)	description (if applicable)
4/3/13	Contributor address; City; State; Zip Code		\$200	
			Ÿ	ĺ
	135 Oakhurst Pl., SA, Tx 7820	)9–2134		
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	retired			
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/3/15	Joseph & Martha Barton-Rivera		CONTRIBUTION (4)	description (it applicable)
	Contributor address; City; State; Zip Code		\$50	
	1947 W. Summit Ave., SA, Tx	78210-4937		2
	25 22		(If travel outside	of Texas, complete Schedule T)
Dringing ageur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)
	retired teachers	Employer (occ in	noti dotto no,	
Date	Full name of contributor  ut-of-state PAC (ID#:_	<b>,</b> '	Amount of	In-kind contribution
020.20.50	1 00-00 NE-C 00-00		contribution (\$)	description (if applicable)
4/3/15	Molly Watt		\$35	
	Contributor address; City; State; Zip Code		Ψ33	
	322 Argo, San Antonio, Tx 78	3207	) I	
	500.54		(If travel outside of	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See II	nstructions)	
retire	ed			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution
4/3/15	James D. Goudge		contribution (\$)	description (if applicable)
., -,	Contributor address; City; State; Zip Code		\$250	
1			ł	
	200 Claiborne Way, SA, Tx 7820	J9	1	
				f Texas, complete Schedule T)
Principal occup	nation / Job title (See Instructions)	Employer (See In Broadway		
	Banker	Di Jauway	enter en	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	The Instruction Guide explains how to complete this form.			nedule A: 4 of 13
2 FILER NAME	Patti Radle		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/3/15	Susie Mendiola		\$25	
	6 Contributor address; City; State; Zip Code	-0010	ΨΔΟ	İ
=	123 E. Mistletoe Ave., SA, Tx	78212	(If travel outside	of Texas, complete Schedule T)
O Principal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
9 Fillicipal occup	retired	10 =		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/3/15	Debra Salge Contributor address; City; State; Zip Code		\$1,000	ĺ
	326 Washington, SA, Tx 78204			Ĺ
			(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Education Facilitator			Instructions) EB	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/3/15	Bro. Cletus Behlmann Contributor address; City; State; Zip Code		\$50	
	2507-B 36th Street, SA, Tx 782	.28		1
	I		(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		VI 10/102,
	Artist			
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/3/15	Michael D. Beldon		\$250	I doorphion (ii apprional)
	Contributor address; City; State; Zip Code		7230	1
	P.O. Box13380, SA, Tx 78213		1	
			·	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	L-MOLA M	
	contractor, owner	Beldon 1	Roofing	Personal Control of the Control of t
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/3/15	Armando Aranda, Sr. Contributor address; City; State; Zip Code		\$50	
	2222 Beechaven Dr., SA, Tx 7820	)7		
			(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) retired	Employer (See I		
	recired	And in concession with the concession of the con	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	

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P.O. Box 12070

#### SCHEDULE A

(512) 463-5800

The	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 5 of 13	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)	
Z PIECK NAME	Patti Radle				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution description (if applicable)	
4/3/15	Catherine Schneider		contribution (\$)	description (ii applicable)	
	6 Contributor address; City: State; Zip Code		\$200	[	
	2072 Cline Ct., Apt. 101, Orion	, MI 48359		l I	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
retired educator					
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/3/15	Gabriel & Nancy Rivera		Contribution (4)	description (ii applicable)	
	Contributor address; City; State; Zip Code		\$50		
	9606 Diamond Gap, SA, Tx 7825	4		L	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
retired					
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/6/15	Patricia Steves		\$500		
	Contributor address; City; State; Zip Code				
	501 Grandview P1., SA, Tx 7820	09–5407			
		j	(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I		- American	
	tired				
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution	
4/6/15	Jane & Charles Tuck		contribution (\$)	description (if applicable)	
4/0/13	Contributor address; City; State; Zip Code		\$40		
	139 Waxwood, SA, Tx 78216				
	13) Waxwood, DA, IA 70210				
		Franksian (Co. I		of Texas, complete Schedule T)	
	pation / Job title (See Instructions) tired	Employer (See I	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/6/15	Charles & Abbie Cotrell		\$100		
	Contributor address; City; State; Zip Code	es une tar es es es es es es es es es	4100		
	EOO H Craic D1 CA TV 7021	,			
	508 W. Craig Pl., SA, TX 7821:	_	(If traval autaida	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I		or roxas, complete conedule 1)	
	retired				

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	The	Instruction Guide explains how to complete this	1 Total pages Sch 6 Of		
2	FILER NAME	Patti Radle	100-100	3 ACCOUNT # (E	thics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	4/6/15	Barbara Witte-Howell		\$25	
		6 Contributor address; City; State; Zip Code		423	İ
=		105 Magnolia, SA, Tx 78212		(If travel autoido	of Toyan complete Schodule T
				(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions) activist	10 Employer (See self	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution description (if applicable)
	4/6/15	Stephen Cochran		contribution (\$)	description (ii applicable)
	., .,	Contributor address; City; State; Zip Code		\$25	
		6203 Welles Brook Dr., SA, Tx	78240		
		, , ,		(If trough guitaide s	of Texas, complete Schedule T)
	Driveing cour	pation / Job title (See Instructions)	Employer (See		or rexas, complete schedule 1)
İ	12 STORES - 12 STO	AND AND AND AND AND AND AND AND AND AND	190	hristopher	
	Al	torney			In Island contribution
	Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4/8/15	Jim Sprickard & Meredith McGui	ire 	\$50	! 
	( )	30545 Bridlegate Dr., Bulverde	a. Tx 78163		Ï
		50545 Bridiegate Br., Burvera	, IR 70103		ĺ
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions) retired	Employer (See I	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
/	/8/15	Pat & Hall Hammond		contribution (\$)	description (if applicable)
	1,0,13	Contributor address; City; State; Zip Code		\$100	
		215 Argyle, SA, Tx 78209			İ
				(If travel outside o	of Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See I		
	sales	3	self-empl	.oyed	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4	/8/15	Manuel & Maria Berriozabal		(4)	
	7.77. 50	Contributor address; City; State; Zip Code		\$200	
		1148 W. Russell Pl., SA, Tz 78	8201		
				//f 4	of Toyas, complete Sahadula Ti
		(1.1.10) (0.1.10)	Employer /Co- I		of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions) retired	Employer (See I	nstructions)	and the second s
	A STATE OF THE STA				

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

P.O. Box 12070

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	of 13
2 FILER NAME	Patti Radle		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/8/15	Edward Whitacre		\$500	1 doorshire in apparent,
	6 Contributor address; City; State; Zip Code		4300	 
	325 Terrell Road, SA, Tx 78209	•		
		4	(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions) retired	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/8/15	Charles E. Cheever			description (ii applicable)
	Contributor address; City; State; Zip Code		\$500	
	11112 Monmouth, SA, Tx 78239	1		A P
			(If travel outside of	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  retired  Employer (See Instructions)				
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/10/15	Abel & Olga Perez		25 (25)	description (ii applicable)
	Contributor address; City; State; Zip Code		\$100	
	3801 E. Songbird, SA, Tx 78229	)		
			(If travel outside of	f Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
I	retired			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/10/15	Robert Sosa		5	A Secretary Control of the Control o
	Contributor address; City; State; Zip Code		\$100	
	238 Funston, SA, Tx 78209-653	38	1	
			 (If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		
	retired			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/10/15	Pat Malony		\$500	
	Contributor address; City; State; Zip Code		1555	
	239 E. Commerce St., SA, Tx 78	3205		
			(If travel outside o	of Texas, complete Schedule T)
	ation / Job title (See Instructions)	Employer (See In	nstructions)	
At	torney	self-em	ртолеп	

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

.Texas Ethics Commission

#### SCHEDULE A

The	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: 8 of 13	
2 FILER NAME	:		3 ACCOUNT # (Ethics Commission Filers)		
Z TILLITY WILL	Patti Radle				
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	
//12/15	I House		contribution (\$)	description (if applicable)	
4/13/15	Jan Heyer  6 Contributor address; City; State; Zip Code		473	İ	
	6 Contributor address, City, State, 219 33ds				
	13720 Earlywood, SA, Tx 7823	3			
_			(If travel outside	of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
	The state of the s	1	Amount of	In-kind contribution	
Date	Full name of contributor		contribution (\$)	description (if applicable)	
4/13/15	Bartell Zachry		\$250	1	
	Contributor address; City; State; Zip Code		<b>φ230</b>	I.	
	P.O. Box 33240, SA, Tx 78265-	3240			
			(If travel outside	l of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)		
Chairman Zachry Interests					
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution description (if applicable)	
4/13/15	Janet P. Realini		contribution (\$)	description (ii applicable)	
., 25, 25	Contributor address; City; State; Zip Code		\$100		
	14348 Cherry Spring, SA, Tx 78	255			
				(Towns and the Colored to To	
		Employer (See I		of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions) MD	self-empl			
Date	Full name of contributor  ut-of-state PAC (ID#		Amount of	In-kind contribution	
1000000	Mania II Tiiowina	-	contribution (\$)	description (if applicable)	
4/14/15	Maria H. Tijerina  Contributor address: City: State: Zip Code	* * * * * * * * * * * * * *	\$100		
	Contributor address, City, Ciato, Lip Code		•===		
	1925 Guadalupe St., SA, Tx 78	207	5 C		
			(If travel outside of	of Texas, complete Schedule T)	
	pation / Job title (See Instructions)	Employer (See I	nstructions)		
]	retired				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/15/15	Michael Soto via SA Kids First	PAC	_	description (ii applicable)	
	Contributor address; City; State; Zip Code		\$500		
	2034 W. Kings Hwy, SA, Tx 7820	1-4926			
	LOST HE MANGE MILE, MAN AND TONG				
	<u> </u>	Empleyer (Carl		of Texas, complete Schedule T)	
DEBUTE STOP CONTROL AND AND AND AND AND AND AND AND AND AND	pation / Job title (See Instructions)	Employer (See I			
PLOT	SOOL	in in it	A STATE OF THE STA	Was the state of t	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

P.O. Box 12070

#### SCHEDULE A

	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A: 9 of 13	
2	FILER NAME	Patti Radle		3 ACCOUNT # (E	Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	4/15/15	Ernest Rubio		\$50	l decomplian (ii applicable)
		6 Contributor address; City; State; Zip Code		10-	z .
		1133 Greer, SA, Tx 78210			
				(If travel outside	of Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions) retired	10 Employer (See	Instructions)	
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	//1//15	Mifform Ionkins		contribution (\$)	description (if applicable)
	4/14/15	Tiffany Jenkins Contributor address; City; State; Zip Code		\$20	
		1542 W. Magnolia Ave., SA, Tx	78201		
				(If travel outside of	of Texas, complete Schedule T)
		pation / Job title (See Instructions) eacher	Employer (See I SATS)		
	Date	Full name of contributor uut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4/14/15	Rose & John Shear		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	description (in applicable)
		Contributor address; City; State; Zip Code		\$10	
		6838 Mountain Spring, SA, Tx	78249		
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		retired			
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	4/14/15	Kerri Ward		contribution (\$)	description (if applicable)
	.,,	Contributor address; City; State; Zip Code		\$10	
		434 Furr Drive, SA, Tx 78201			
				(If travel outside o	of Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	nstructions)	
	Teache	er	SAISD		
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4/14/15	Michael White Contributor address; City; State; Zip Code		\$50	
		1216 West Ave., SA, Tx 78201		1	
				(If travel outside o	of Texas, complete Schedule T)
	Principal occur	ation / Job title (See Instructions)	Employer (See II		i rozad, complete delledule 1)
	т ппограг оссор	Attorney	self-em	Control of the Contro	

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

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

### SCHEDULE A

	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A: of 13
2	FILER NAME		3 ACCOUNT # (E	Ethics Commission Filers)	
		Patti Radle			
4	Date	5 Full name of contributorout-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
			- Control of the Cont	contribution (\$)	description (if applicable)
	4/14/15	Joseph & Martha White	··· ·· · · · · · · · · · · · · · · · ·		1
		6 Contributor address; City; State; Zip Code		\$50	<u> </u> 
		2419 West Magnolia Ave., SA, T	x 78228		
-				(If travel outside	of Texas, complete Schedule T)
9	Principal occur	pation / Job title (See Instructions)	10 Employer (See		o. Ionas, complete deliberation,
3	i illioipai occup	retired	10 Employer (eee	mod dodono,	
=	<b>D</b> .				
	Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4/14/15	Danny & Martha Hernandez		(4)	accompliant (in applicable)
		Contributor address; City; State; Zip Code		\$125	
		1323 Monterret, SA, Tx 78207			
	Į.	1323 Monterret, SA, IX 70207			
					of Texas, complete Schedule T)
8	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
landscape owner Quick Mow Lawns					
	Date	Full name of contributor  ut-of-state PAC (ID#_	)	Amount of	In-kind contribution
	4/14/15	Lou & David Williams		contribution (\$)	description (if applicable)
	4/14/13			\$200	i I
		Contributor address; City; State; Zip Code		Ψ200	
		105 Chimney Rock Lane, SA, Tx	78231-1506		
					w
					of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions) retired	Employer (See I	nstructions)	
	Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of	In-kind contribution
		5000 May 1995 1995 1995 1995		contribution (\$)	description (if applicable)
	4/14/15	Mary & Paul Davila		#20 I	
		Contributor address; City; State; Zip Code		\$30	
		8414 Bent Waters, SA, Tx 78239-	-2906	I	
			1,550	Ĭ	
		Addition to the second of the			f Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of	In-kind contribution
	111111	0 1 0 1		contribution (\$)	description (if applicable)
	4/14/15	Carlos Gonzalez		440 l	
	- 1	Contributor address; City; State; Zip Code		\$40	
	1	1510 T 1 C+ CA T- 70007 0	140	ļ	
	1	1512 Leal St., SA, Tx 78207-21	140		
	1				f Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
	and the second	retired			

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

.Texas Ethics Commission

#### SCHEDULE A

The Instruction Guide explain	ins how to complete this	s form.	1 Total pages Sch	
2 FILER NAME Patti Radle	CONTROL MARKET AND PROPERTY OF THE PARTY OF		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 5 Full name of contribut	or out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/14/15 Lauro & Rosa 6 Contributor address;	Escobedo  City; State; Zip Code		\$100	
1206 Tampico	St., SA, Tx 782	07		
			(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instrubeautitian	uctions)	10 Employer (See self-en	Instructions)  aployed	
Date Full name of contribut	Or out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/14/15 Alice Guzman Contributor address;	City; State; Zip Code	* * * * * * * * * * * * *	\$100	
3022 Jane E11	en St., SA, Tx	78237–4435		ĺ
			(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instruunk.	uctions)	Employer (See I	nstructions)	
Date Full name of contribut	or out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/14/15 Enrique & Isa Contributor address;	ibe1 Sanchez City; State; Zip Code		\$50	
1710 Vera Cruz	st., SA, Tx 78	207		
			(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instru	ictions)	Employer (See I		or roxae, complete concease ry
retired				
Date Full name of contribute	or	)	Amount of	In-kind contribution
	<del></del>		contribution (\$)	description (if applicable)
4/16/15 Larry Starkey  Contributor address:			\$20	
711 Edgebrook	Ln, SA, Tx 782	13		
			(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instruetired	uctions)	Employer (See I	nstructions)	
Date Full name of contribute	or out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/15 James G. Lift Contributor address;	Shultz City; State; Zip Code		\$100	A Manual St
215 W. Travi	is, SA, Tx 78205			
			(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instru	uctions)	Employer (See I		or reade, complete constalls 1)
real estate deve		5 5 3	ıtz Companie	5

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

P.O. Box 12070

### SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 12 of	
2	FILER NAME	Patti Radle		3 ACCOUNT # (E	Ethics Commission Filers)
4	Date 4/20/15	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 215 Argyle, SA, Tx 78209		Ψ100	İ
		ZIJ RIGJIC, DR, IZ 70207		(If travel outside	of Texas, complete Schedule T)
0	Bringinal occur	pation / Job title (See Instructions)	10 Employer (See		or read, complete defiduals 17
9	Fillicipal occu	sales	self-empl	oyed	
	Date 4/22/15	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1, 22, 13	Contributor address; City; State; Zip Code		\$100	
		923 Vance Jackson, #701, SA,	Tx 78201		
		, , , , , , , , , , , , , , , , , , , ,	• • •	(If traval autoida	of Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)
		retired`			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	4/22/15	Consuelo Salazar		\$50	description (ii applicable)
		Contributor address; City; State; Zip Code		φου	
		225 San Carlos, SA, Tx 78207	7		
				//f tenual autoido	of Toyon, complete Schodule T
-	Principal coour	pation / Joh title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions) retired	Employer (dec 1		
	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution
	4/25/15	Sheryl Tynes		contribution (\$)	description (if applicable)
	4/25/15	Contributor address; City; State; Zip Code		\$50	
		2803 Windy Oaks St., SA, Tx 7	8230-3621		
		2000223, 02		(If travel outside of	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		professor	Trinity U	niv.	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	4/30/15	Rick Drury  Contributor address; City; State; Zip Code		\$500	
		11331 Coker Loop E., SA, Tx	78216		
		=		//5 h-aalt-1-1	of Toyan complete Cabadata Ti
	Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		Attorney	self-emp		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

_					
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sci 13 of	
2	FILER NAME	Patti Radle		3 ACCOUNT # (E	Ethics Commission Filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
S.	6/21/15	Herlinda Perez  6 Contributor address; City; State; Zip Code		\$100	ĺ
		1111 S. General McMullen, SA,	Tx 78237-3803		
			274	(If travel outside	of Texas, complete Schedule T)
9		oation / Job title (See Instructions) Owner	10 Employer (See Arizona Ca		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		= 0	
				(If travel outside	l   of Texas, complete Schedule T)
	54-4-1	-No. ( John Wills (On a Northwest)	F1 (Cap. I		or roman, somplete company in
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		(If travel outside	     of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code	*	/If travel outside o	of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In		riexas, complete achequie 17
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code		     (If travel outside o	of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	structions)	
			Transfer and		I

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

### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Si Food/Beverage Expense Ti Polling Expense Ti	alaries/Wages/C olicitation/Fundr ravel In District ravel Out Of Dis ffice Overhead/	contract Labor alsing Expense strict Rental Expense	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Offic OTHER (enter a co	uipment & Related Expense
1 Total pages Schedule F:	2 FILER NAME Patti Radle	planto non to			T # (Ethics Commission Filers)
4 Date	5 Payee name		900 B		
1/11/15	нев				
6 Amount (\$) \$26.76	7 Payee address; City; State; 108 N. Rosillo, San An	Zip Code tonio, Te	exas 78207		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the Advertising Expense	his schedule)			as, complete Schedule T) r old signs.
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	t	Office held
Date 1/17/15	Payee name HEB				
Amount (\$)	Payee address; City; State;	Zip Code		· · · · · · · · · · · · · · · · · · ·	
\$8.44	108 N. Rosillo, San A	ntonio, T	exas 78207		
PURPOSE	Category (See categories listed at the top of the	nis schedule)		A CONTRACTOR OF THE CONTRACTOR	as, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Cleaning su	pplies for	old campaign sign
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	t	Office held
Date 1/27/15	Payee name Allied Advertising Age	ncy, Inc			
Amount (\$)	Payee address; City; State;	Zip Code			
<b>\$500.</b>	3700 Blanco Rd., San An	tonio, Te	exas 78212		
PURPOSE	Category (See categories listed at the top of the	is schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Deposit for	yard signs	S.
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought		Office held
Date	Payee name				
1/30/15	Allied Advertising Agen				
Amount (\$)	Payee address; City; State;	Zip Code			
\$779.26	3700 Blanco Rd., San An	tonio, Te	exas 78212	2.	
PURPOSE	Category (See categories listed at the top of th	is schedule)	Description (	If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Advertising Expense		Balance for	yard signs	s and holders.
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought		Office held
	ATTACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS N	IEEDED	

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

# **POLITICAL EXPENDITURES**

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of	c/Contract Labor draising Expense ct	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this fo	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
2 of 3	Patti Radle		
4 Date 4/14/15	5 Payee name Estela's Mexican Restaurant		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$547.50	2200 W. Martin Street, San Ant	onio, Texas	78207
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	ı (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food	Food for	4/14/15 fundraiser.
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht Office held
Date	Payee name		
4/21/15	The DeBerry Group		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,765.53	110 Broadway, Suite 625, San A	ntonio Tex	as 78205
<b>Ψ1,703.33</b>	110 broadway, Suite 025, San E	miconio, iex	10203
PURPOSE	Category (See categories listed at the top of this schedule)	Transfer of the Assessment of	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees & Postage	Fees for	fundraising, including \$415.4
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	eimbursement for mailer. nt Office held
Date 4/21/15	Payee name Norma Denham & Associates		
Amount (\$)	Payee address; City; State; Zip Code		
\$750.00	P.O. Box 461753, San Antonio,	Texas 78246	i
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	Fees	Address 1	ist for mailer.
EXPENDITURE	Candidate / Officeholder name	Office sough	
Complete ONLY if direct expenditure to benefit C/C		Office adugi	office field
Date	Payee name		
4/21/14	PCCMailing Services, Inc.		
Amount (\$)	Payee address; City; State; Zip Code	industrial and the second seco	
\$810.08	10711 Hillpoint, San Antonio,	Texas 78217	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing	Envelopes a	and fundraising material.
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	nt Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEAS	NEEDED
			Davis ad 04/40/0042

# **POLITICAL EXPENDITURES**

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/f	ontract Labor Loa aising Expense Tra Cor trict CRental Expense OTI	in Repayment/Reimbursement nsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The instruction Guide explains now to	Complete tins form	Commission Filoro
Total pages Schedule F:	2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)
Date	5 Payee name		
4/8/15	Amol's Speciality Inc.		
Amount (\$)	7 Payee address; City; State; Zip Code		
\$78.11	710 S. Flores St., San Antonio,		
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising Expense	(b) Description (If tra	avel outside of Texas, complete Schedule T) for 4/14/15 fundraiser.
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 4/12/15	Payee name Office Depot		
Amount (\$)	Payee address; City; State; Zlp Code	lang ====	
\$175.40	2321 SW Military Dr., San Antoni		
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other - Office Supplies	office suppl	ies (paper, ink, etc.)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	T		
Date 4/14/15	Payee name Amol's Speciality Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$14.02	710 S. Flores St., San Antonio	, Texas 7820	)4
	710 S. Flores St., San Antonio Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
\$14.02  PURPOSE OF EXPENDITURE		Description (If tr	avel outside of Texas, complete Schedule T)  for 4/14/15 fundraiser.
PURPOSE OF	Category (See categories listed at the top of this schedule)  Fundraising Expense  Candidate / Officeholder name	Description (If tr	avel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See categories listed at the top of this schedule)  Fundraising Expense  Candidate / Officeholder name	Description (If to	avel outside of Texas, complete Schedule T)  for 4/14/15 fundraiser.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the top of this schedule)  Fundraising Expense  Candidate / Officeholder name  OH  Payee name  Rudy Amador	Description (If to	avel outside of Texas, complete Schedule T)  for 4/14/15 fundraiser.
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the top of this schedule)  Fundraising Expense  Candidate / Officeholder name  OH  Payee name	Description (if to Decorations Office sought	avel outside of Texas, complete Schedule T)  for 4/14/15 fundraiser.
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/ Date 4/14/15	Category (See categories listed at the top of this schedule)  Fundraising Expense  Candidate / Officeholder name  OH  Payee name Rudy Amador  Payee address; City; State; Zip Code	Description (if to Decorations Office sought	avel outside of Texas, complete Schedule T)  for 4/14/15 fundraiser.  Office held
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/ Date 4/14/15  Amount (\$) \$150.	Category (See categories listed at the top of this schedule)  Fundraising Expense  Candidate / Officeholder name  OH  Payee name Rudy Amador  Payee address; City; State; Zip Code	Description (if to Decorations Office sought  15 78207	avel outside of Texas, complete Schedule T)  for 4/14/15 fundraiser.  Office held  avel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 4/14/15  Amount (\$) \$150.	Category (See categories listed at the top of this schedule)  Fundraising Expense  Candidate / Officeholder name  OH  Payee name Rudy Amador  Payee address; City; State; Zip Code 3418 San Luis, San Antonio, Texa  Category (See categories listed at the top of this schedule)  Fundraising Expense	Description (if to Decorations Office sought  Solve 18 78207  Description (if to Music for 4)	avel outside of Texas, complete Schedule T)  for 4/14/15 fundraiser.  Office held  avel outside of Texas, complete Schedule T)  /14/15 fundraiser.
PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/  Date 4/14/15  Amount (\$) \$150.  PURPOSE OF	Category (See categories listed at the top of this schedule)  Fundraising Expense  Candidate / Officeholder name  COH  Payee name Rudy Amador  Payee address; City; State; Zip Code 3418 San Luis, San Antonio, Texa  Category (See categories listed at the top of this schedule)  Fundraising Expense  Candidate / Officeholder name	Description (if to Decorations Office sought  15 78207	avel outside of Texas, complete Schedule T)  for 4/14/15 fundraiser.  Office held  avel outside of Texas, complete Schedule T)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule I:	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers
4 Date 1/20/15	5 Payee name Estrada Achievement Center	
6 Amount (\$) \$500	7 Payee address; City; State; Zip Code 1112 S. Zarzamora, San Antonio,	Texas 78207
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  student Incentives
Date 1/30/15	Payee name Crosspoint, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$100	301 Yucca St., San Antonio, Texas	s 78203
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  program support
Date 2/6/15	Payee name N & S Enterprises	
Amount (\$) \$242.	Payee address; City; State; Zip Code  330 Culebra Rd., San Antonio, Texa	as 78201
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  Shirts for Lanier BB Team
Date 2/6/15	Payee name Robert's Flower Shop	
Amount (\$) \$21.65	Payee address; City; State; Zip Code 423 Castroville Rd., San Antonio	o, Texas 78207
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gift/ Contrbution	(b) Description (See instructions regarding type of information required.)  Gift for Teacher recognition

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

SCHEDULE !

(512) 463-5800

	The Instruction Guide explains how	to complete the form
1 Total pages Schedule I:	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers
4 Date 2/10/15	5 Payee name HEB	
6 Amount (\$) \$118.04	7 Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Tex	as 78207
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  Teacher Valentine recognition
Date 2/11/15	Payee name HEB	
Amount (\$) 65.48	Payee address; City; State; Zip Code  108 N. Rosillo, San Antonio, Tex	as 78207
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  Teacher Valentine recognition
Date 2/13/15	Payee name Brand My Stuff	
Amount (\$) \$150.	Payee address; City; State; Zip Code 7755 Eckhert Rd., #103, San Anto	nio, Texas 78240
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  T-shirts for Cheer Team
Date 2/13/15	Payee name Lanier Blue Jackets	
Amount (\$) \$50.	Payee address; City; State; Zip Code  1514 W. Cesar Chavez Blvd., San	Antonio, Texas 78207
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  for Cheer Team Trip

SCHEDULE !

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule I:	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers
4 Date 2/27/15	5 Payee name Guadalupe Cultural Arts	
6 Amount (\$) \$500	7 Payee address; City; State; Zip Code 723 S. Brazos, San Antonio, Texa	ns 78207
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  Cine Festval support for student recognition
Date 3/2/2015	Payee name Mayor's Commission for Women COSA	A
Amount (\$) \$50.	Payee address; City; State; Zip Code City Hall, 100 Military Plaza, S	San Antonio, Texas 78205
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gift/ Contribution	(b) Description (See instructions regarding type of information required.)  program support
Date 3/4/15	Payee name Asel Art Supplies	
Amount (\$) \$17.36	Payee address; City; State; Zip Code  1524 N. Main, San Antonio, Texas	78212
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  art supplies for Lanier students
Date 3/25/15	Payee name Cesar Chavez Education & Legacy I	Foundation
Amount (\$) \$200.	Payee address; City; State; Zip Code  1504 E. Commerce St., San Antonio	o, Texas 78205
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gift/Contribution	(b) Description (See instructions regarding type of information required.)  Student Scholarships

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

	The Instruction Guide explains hov	to complete the form
1 Total pages Schedule I 4 of 5	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers
4 Date 4/11/15	5 Payee name Fuentes Sanchez Scholarship Fun	d
6 Amount (\$) \$200.	7 Payee address; City; State; Zip Code 1710 Vera Cruz, San Antonio, T	exas 78207
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories)  Gifts/Contributions	(b) Description (See instructions regarding type of information required.)  Lanier student scholarships
Date 4/17/15	Payee name Amanda Flores	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.	1602 Sunbend Falls, San Antonio,	Texas
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Fees/Contribution	(b) Description (See instructions regarding type of information required.)  Poetry workshop for Lanier Students
Date 4/28/15	Payee name Christopher Martinez	
Amount (\$) \$200.	Payee address; City; State; Zip Code 1923 Athel Ave., San Antonio, Te	xas 78252
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Fees/Contribution	(b) Description (See instructions regarding type of information required.)  Poetry workshop for Lanier students
Date 4/30/15	Payee name Half-Price Books	
Amount (\$) \$74.56	Payee address; City; State; Zip Code  3207 Broadway, San Antonio, Texas	78209
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gifts/Contributions	(b) Description (See instructions regarding type of information required.)  prizes for Lanier poetry event

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule I: 5 of 5	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/21/2015	5 Payee name SA 2020	
6 Amount (\$) \$150.	7 Payee address; City; State; Zip Code 123 Heiman, San Antonio, Texas	78205
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories)  Gifts/Contributions	(b) Description (See instructions regarding type of information required.) student program support efforts
Date 5/29/15	Payee name HEB	
Amount (\$) \$171.43	Payee address; City; State; Zip Code 5818 S. Zarzanora, San Antonio,	Texas 78224
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gifts/Contributions	(b) Description (See instructions regarding type of information required.)  End of year school staff appreciation.
Date 5/29/15	Payee name HEB	
Amount (\$) \$45.51	Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, T	exas 78207
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gifts/Contributions	(b) Description (See instructions regarding type of information required.)  End of year school staff appreciation
Date 6/14/15	Payee name Robert's Flower Shop	
Amount (\$) \$50.	Payee address; City; State; Zip Code 423 Castroville Road, San Antoni	o, Texas 78207
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Gifts/Contributions	(b) Description (See instructions regarding type of information required.)  Teacher recognition