CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

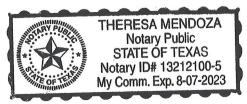
FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages file 7	d:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	_{FIRST}		мі Р	OFFICE	USE ONLY
NAME	nickname P atti	Radle		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	, San An		1/11/23 at 11.21 p	γ
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210) 2	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Joanne		МІ	Date Processed	
INAIVIL	NICKNAME	LAST		SUFFIX		
		Sanchez			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (no po box please); APT / Si cady, San A	untonio,	Texas 782	STATE; 207	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 226-3898	EXT	ENSION		
9 REPORT TYPE	X January 15	30th day before e	lection	Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 2022	THROUGH	Month 12	Day Year / 20	
	. /	_ /			· / ₂	
11 ELECTION	Month Day		Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	rustee - Dist		FICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M.	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS		
		GO TO	GO TO PAGE 2			

01	TE / OFFICEHOLDER IN FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. SchF= $\$1$, SchI= $\$12$	137.95 0.00 \$ 1,257.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,257.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 2,141.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ -O-
18 SIGNATURE	I swear, or affirm, under penalty of perjury, that the accompanying report is true required to be reported by me under Title 15, Election Code. Signature of Cal	and correct and includes all information
	Patti Ra	

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

110000	of office.	Mendoza		Nor	amuning.
	OR				
(2) Unsworn Declaration					
My name is		_, and my date of birth	ı is		
My address is			,		•
(street)		(city)	(state)	(zip code)	(country)
Executed in County, State of	, on th	he day of (mo	onth)	, 20 (year)	•
9	-	Signature of Ca	ndidate/Offic	ceholder (Decla	rant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Patti Radle		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ O
4.	SCHEDULE E: LOANS		\$ O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1,137.95
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ O
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$ O
11.	X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	_{\$} 120.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ O

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date July-Dec	5 Payee name PNC Bank	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$120.00	218 S. Zarzamore, San Anto	onio, Texas 78207
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description
OF EXPENDITURE	(monthly bank service fees)	\$20/month checking acc't service fees
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Office sought Cinice hold
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	-	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	:	·
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

Patti Radle Patti Radle RJ Publications LLC Nyee address; P.O.Box 272, Helotes, ategory (See instructions for examples of acceptable legories.) conations Ayee name Roberts Flower Shop Ayee address; 423 Castroville, Rd., San Ayee ategory (See instructions for examples of acceptable legories.) Donation - Gift	(b) Description (See instructions regarding type of information Support for Lanier Football programs.
Avee address; P.O.Box 272, Helotes, ategory (See instructions for examples of acceptable legories.) onations ayee name Roberts Flower Shop ayee address; 423 Castroville, Rd., San Average San	(b) Description (See instructions regarding type of information required.) Support for Lanier Football programs. City State Zip Code Antonio, Texas 782078 Description (See instructions regarding type of information required.)
P.O.Box 272, Helotes, ategory (See instructions for examples of acceptable legories.) conations ayee name Roberts Flower Shop ayee address; 423 Castroville, Rd., San A	(b) Description (See instructions regarding type of information required.) Support for Lanier Football programs. City State Zip Code Antonio, Texas 782078 Description (See instructions regarding type of information required.)
ayee address; 423 Castroville, Rd., San A	Support for Lanier Football programs. City State Zip Code Antonio, Texas 782078 Description (See instructions regarding type of information required.)
Roberts Flower Shop ayee address; 423 Castroville, Rd., San A ategory (See instructions for examples of acceptable tegories.)	Antonio, Texas 782078 Description (See instructions regarding type of information required.)
423 Castroville, Rd., San A	Antonio, Texas 782078 Description (See instructions regarding type of information required.)
tegories.)	required.)
ayee name Lanier HS Culinary Program	
ayee address; 1514 W. Ceasar Chavez Blvd.	City State Zip Code , San Antonio, Texas 78207
ategory (See instructions for examples of acceptable tegories.) Donation	Description (See instructions regarding type of information required.) Food for SuperdendentM "Meet & Greet"
ayee name WLA	
ayee address; 123 W. Huisache Ave., San A	City State Zip Code Antonio, Texas 78201
ategory (See instructions for examples of acceptable tegories.) Donation	Description (See instructions regarding type of information required.) For student program support
1 I a	ategory (See instructions for examples of acceptable egories.) Donation All See instructions for examples of acceptable egories. Donation All See instructions for examples of acceptable egories.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to comp	lete this form.
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3 (2 of 3)	Patti Radle	
4 Date 12/26/2022	5 Payee name City Year of San Antonioi	
6 Amount (\$) \$50.00	7 Payee address; 118 N. Medina St., #300, San	City State Zip Code Antonio, Texas 78207
B PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Donation	For student program support
Date 12/26/2022	Payee name Greater San Antonioi After-	School All Stars
Amount (\$) \$50.00	Payee address; 2006 W. Commerce St., San A	City State Zip Code
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE	Donation	For student program support
Date	Payee name	
12/13/2022	Amol's	
Amount (\$) \$36,32	Payee address; 227 Fredericksburg Rd., Sar	City State Zip Code n Antonioj Texas 78201
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.) Decorations & table cloths for
EXPENDITURE	Donation	Central Office4staff apreciati
Date	Payee name	 party
12/12/2022	Family Dollar	
Amount (\$) \$10.83	Payee address; 1802 S. Zarzamore, San Antor	City State Zip Code
PURPOSE OF	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information As above for Central Office
EXPENDITURE	Donation	staff appreciation party

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to com	piete this form.
Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3 (3 of 3)	Patti Radle	
4 Date	5 Payee name	
10/10/2022	нев	
6 Amount (\$)	7 Payee address;	City State Zip Code
\$191.54	6818 S. Zarzamora, San A	ntonio, Texas, 78224
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Donation	Cookie dough & cady for Distric 5 school staff appreciation
Date	Payee name	
12/10/2022	НЕВ	
Amount (\$)	Payee address;	City State Zip Code
\$77.28	108 Rosillo, San Antonio To	exas 78207
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
OF EXPENDITURE	Donation	Cookie dough and candy for Dist
Date	Payee name	
12/10/2022	Target	
Amount (\$)	Payee address;	City State Zip Code
\$89.51	4522 Fredericksburg Rd., Sa	an Antonio, Texas 78201
PURPOSE	Category (See instructions for examples of acceptable	Description (See instructions regarding type of information required.)
OF EXPENDITURE	categories.) Donation	Cookie dough & candy for Distric
	,	5 school staff appreciation
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