

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:

15

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mary P.
NICKNAME LAST SUFFIX
Patti Radle

OFFICE USE ONLY

Date Received

7-14-20

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1202 Tampico St., San Antonio, Tx 78207 07-14-20 P04:04 RCVD

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 225-6913

Date Hand-delivered or Date Postmarked

7-14-20

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Joanne
NICKNAME LAST SUFFIX
Sanchez

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business).

615 Brady San Antonio, Texas 78207

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 226-3898

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
1 / 1 / 2020 THROUGH 6 / 30 / 2020

11 ELECTION

ELECTION DATE
Month Day Year
ELECTION TYPE
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

SAISD Trustee - Dist. 5

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Patti Radle **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

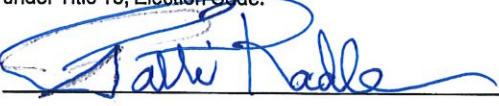
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <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)	\$ 5,830.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES Sch F= \$1,685.57 Sch I= \$325.	\$ 2,010.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,883.68
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.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patti Radle, this the 14th day of July, 20 20, to certify which, witness my hand and seal of office.

Gloria Menchaca
Signature of officer administering oath

Gloria Menchaca
Printed name of officer administering oath

Admin Clerk
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <p style="text-align: center;">Patti Radle</p>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$5,830.
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	\$1,685.57
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	\$ 325.
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 8
2 FILER NAME <p style="text-align: center;">Patti Radle</p>		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy Harst 6 Contributor address; City; State; Zip Code 1830 E. Pyron Ave., SA, Tx 78223	7 Amount of contribution (\$) \$100.
8 Principal occupation / Job title (See Instructions) Muscian		9 Employer (See Instructions) self-employed
Date 2/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Lewis Contributor address; City; State; Zip Code 633 Terrell Rd., SA, Tx 78209	Amount of contribution (\$) \$250.
Principal occupation / Job title (See Instructions) Finance Chairman fo the Board		Employer (See Instructions) Jefferson Bank
Date 2/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Weber Contributor address; City; State; Zip Code 7526 Carriage Pass, SA, Tx 78249	Amount of contribution (\$) \$50.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Keen Contributor address; City; State; Zip Code 181 Hermine Blvd., SA, Tx 78212	Amount of contribution (\$) \$100.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 8
2 FILER NAME <p style="text-align: center;">Patti Radle</p>		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Waldman 6 Contributor address; City; State; Zip Code 112 E. Rosewood Ave, SA, Tx 78212	7 Amount of contribution (\$) \$25.
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 2/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Maguire Contributor address; City; State; Zip Code 707 Executive Dr., SA, Tx 78216	Amount of contribution (\$) \$100.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly Watt Contributor address; City; State; Zip Code 322 Argo, SA, Tx 78209	Amount of contribution (\$) \$20.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Starkey Contributor address; City; State; Zip Code 711 Edgebrook Ln., SA, Tx 78213	Amount of contribution (\$) \$30.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 8
2 FILER NAME <p style="text-align: center;">Patti Radle</p>		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Tracy 6 Contributor address; City; State; Zip Code 3211 Morning Creek, SA, Tx 78247	7 Amount of contribution (\$) \$50.
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 2/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall & Pat Hammond Contributor address; City; State; Zip Code 215 Argyle, SA, Tx 78209	Amount of contribution (\$) \$200.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Gonzales Contributor address; City; State; Zip Code 203 Clearview Dr., SA, Tx 78228	Amount of contribution (\$) \$25.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Beldon Contributor address; City; State; Zip Code 4 Westelm Cir., SA, Tx 78230	Amount of contribution (\$) \$500.
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Beldon Roofing
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: 4 of 8
2 FILER NAME <p style="text-align: center;">Patti Radle</p>		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Witte-Howell 6 Contributor address; City; State; Zip Code 105 Magnolia, SA, Tx 78212	7 Amount of contribution (\$) \$25.
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 2/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Realini Contributor address; City; State; Zip Code 24348 Cherry Spring, SA, Tx 78255	Amount of contribution (\$) \$100.
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Healthy Futures
Date 2/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Alford Wade Contributor address; City; State; Zip Code 308 Geneseo Rd., SA, Tx 78209	Amount of contribution (\$) \$500.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stan & Wendy Drezek Contributor address; City; State; Zip Code 6 Westelm Garden, SA, Tx 78230	Amount of contribution (\$) \$100.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 8
2 FILER NAME <p style="text-align: center;">Patti Radle</p>		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Rangel 6 Contributor address; City; State; Zip Code 3007 King Birch St., SA, Tx 78230	7 Amount of contribution (\$) \$25.
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 3/2/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel & Olga Perez Contributor address; City; State; Zip Code 3801 E. Songbird Ln., SA, Tx 78229	Amount of contribution (\$) \$100.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Sneider Contributor address; City; State; Zip Code 2508 Toby Rd., Orion, MI 48359	Amount of contribution (\$) \$100.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 2/29/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Whitacre Contributor address; City; State; Zip Code 745 E. Mulberry Ave., #475, SA, Tx 78212	Amount of contribution (\$) \$100.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 8
2 FILER NAME <p style="text-align: center;">Patti Radle</p>		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon Hartman 6 Contributor address; City; State; Zip Code 1202 W. Bitters, Bld.1, Ste 1200, SA, Tx 78216	7 Amount of contribution (\$) \$500.
8 Principal occupation / Job title (See Instructions) philanthrpist		9 Employer (See Instructions) N/A
Date 3/9/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Heard Contributor address; City; State; Zip Code 10715 Gulfdale, #100, SA, Tx 78216	Amount of contribution (\$) \$250.
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self-employed
Date 3/9/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Butt Contributor address; City; State; Zip Code 335 King William, SA, Tx 78204	Amount of contribution (\$) \$500.
Principal occupation / Job title (See Instructions) owner, Chairman of Board		Employer (See Instructions) HEB
Date 3/9/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Salge Contributor address; City; State; Zip Code 326 King William, SA, TX 78204	Amount of contribution (\$) \$250.
Principal occupation / Job title (See Instructions) Executive Assistant to Chairman		Employer (See Instructions) HEB
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 8
2 FILER NAME <p style="text-align: center;">Patti Radle</p>		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Bloek 6 Contributor address; City; State; Zip Code 127 Burr Rd., Unit 4, SA, Tx 78209	7 Amount of contribution (\$) \$500.
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 3/1/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. Michael & Candace Humphreys Contributor address; City; State; Zip Code 5150 Broadway, \$624, SA, Tx 78209	Amount of contribution (\$) \$500.
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Wmh Gp. L.L.C.
Date 3/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Maloney Contributor address; City; State; Zip Code 329 E. Commerce, SA, Tx 78205	Amount of contribution (\$) \$500.
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self-employed
Date 3/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Townsend & Diane Lang Contributor address; City; State; Zip Code 143 Walton, SA, Tx 78225	Amount of contribution (\$) \$25.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 8
2 FILER NAME Patti Radle		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberely Arispe 6 Contributor address; City; State; Zip Code 14026 Cat Lair, SA, Tx 78253	7 Amount of contribution (\$) \$25.
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 2/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique & Isabel Sanchez Contributor address; City; State; Zip Code 1710 Vera Cruz St., SA, Tx 78207	Amount of contribution (\$) \$30.
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 3/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheryl Tynes Contributor address; City; State; Zip Code 146 Oakmont, SA, Tx 78212	Amount of contribution (\$) \$50.
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Trinity University
Date 4/21/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Obriotti Green Contributor address; City; State; Zip Code 128 Grant Ave., SA, Texas	Amount of contribution (\$) \$200.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 1 of 3	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 1/2/2020	5 Payee name Office Max	
6 Amount (\$) \$18.46	7 Payee address; City; State; Zip Code 2321 S.W. Military Drive, SA, Tx 78224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) stationary for fundraising	(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 1/2/2020	Payee name US Postmaster	
Amount (\$) \$82.50	Payee address; City; State; Zip Code 1140 S. Laredo St., SA, Tx 78204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) postage for fundraising	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 3/12/2020	Payee name GoDaddy.com	
Amount (\$) \$76.62	Payee address; City; State; Zip Code 14455 N. Hayden Rd., SWcottdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees for webpage	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: 2 of 3	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)			
4 Date 3/13/2020	5 Payee name Nationbuilder				
6 Amount (\$) \$348.	7 Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Fl., Los Angeles, CA 90071				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees for fundraising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 4/20/2020	Payee name Nationbuilder				
Amount (\$) \$6.10	Payee address; City; State; Zip Code 520 S. Grand Ave., 2nd Fl., Los Angeles, CA 90071				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transfer fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 6/12/2020	Payee name Office Depot				
Amount (\$) \$108.27	Payee address; City; State; Zip Code 2321 SW Military Dr., San Antonio, Tx 78224				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:33%;">Office sought</td> <td style="width:33%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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: 3 of 3	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)			
4 Date 6/12/2020	5 Payee name Office Depot				
6 Amount (\$) \$ 1,045.62	7 Payee address; City; State; Zip Code 150 N. Crossroads, Balcones Heighyts, Texas				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:33%;">Candidate / Officeholder name</td> <td style="width:16.5%;">Office sought</td> <td style="width:17.5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
4 Date 1/15/2020	5 Payee name SA2020	
6 Amount (\$) \$200.	7 Payee address; City; State; Zip Code 123 Heiman St., SA, Tx 78205	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) donation for education research	(b) Description (See instructions regarding type of information required.)
Date 2/11/2020	Payee name SA Women's Hall of Fame	
Amount (\$) \$125.	Payee address; City; State; Zip Code P.O. Box 461104, SA, Tx 78246	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) donation to support YWLA	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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