

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 / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mary		P
	NICKNAME	LAST	SUFFIX
	Patti	Radle	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1202 Tampico Street San Antonio, Texas 78207		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	225-6913	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Joanne		
	NICKNAME	LAST	SUFFIX
		Sanchez	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	615 Brady		San Antonio, Texas 78207
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	226-3898	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	1	1	2015
	THROUGH		Month Day Year
			6 / 30 / 2015
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	/	/	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	SAISD Trustee District 5		

OFFICE USE ONLY	
Date Received	
07-07-15 A09:27 RCVD	
Date Hand-delivered or Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Patti Radle	15 ACCOUNT # (Ethics Commission Filers)
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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)	\$ 11,125.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES Sch. F= \$5,605.10 Sch. I= \$3,106.03	\$ 8,711.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,678.99
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 6th day of July, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Yolanda V. Martinez

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/23/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles C. Butt 6 Contributor address; City; State; Zip Code 335 King William, San Antonio, Tx 78204	7 Amount of contribution (\$) \$1,000 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner & Chairman		10 Employer (See Instructions) HEB Foods	
Date 4/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T.C. Frost Contributor address; City; State; Zip Code P.O. Box 1600, T-4, San Antonio, Tx 78296	Amount of contribution (\$) \$1,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 3/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Sosa Contributor address; City; State; Zip Code 1510 Colima St, San Antonio, Texas 78207	Amount of contribution (\$) \$25. (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 3/24/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadalupe Espinoza Contributor address; City; State; Zip Code 321 Montezumsa, San Antonio, Texas 78207	Amount of contribution (\$) \$20. (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/2/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CL Adamson Contributor address; City; State; Zip Code	Amount of contribution (\$) \$50. (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/2/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Heard 6 Contributor address; City; State; Zip Code 3737 Broadway, Ste 310, SA, Tx 78209-6598	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) self-employed	
Date 4/2/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Alice Solis Contributor address; City; State; Zip Code 104 Ross, SA, Tx 78225	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/2/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Block Contributor address; City; State; Zip Code 2404 Benrus, SA, Tx 78228	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben Escobedo Contributor address; City; State; Zip Code 2632 Broadway, Suite 202 North, SA, Tx 78215	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)	
Date 4/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryce & Mary Milligan Contributor address; City; State; Zip Code 627 E. Guenther, SA, Tx 78210	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick H. Swearinton 6 Contributor address; City; State; Zip Code 310 Argyle, SA, Tx 78209	7 Amount of contribution (\$) \$100 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 4/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis H. Zbinden Contributor address; City; State; Zip Code 135 Oakhurst Pl., SA, Tx 78209-2134	Amount of contribution (\$) \$200 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph & Martha Barton-Rivera Contributor address; City; State; Zip Code 1947 W. Summit Ave., SA, Tx 78210-4937	Amount of contribution (\$) \$50 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired teachers		Employer (See Instructions)	
Date 4/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molly Watt Contributor address; City; State; Zip Code 322 Argo, San Antonio, Tx 78207	Amount of contribution (\$) \$35 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James D. Goudge Contributor address; City; State; Zip Code 200 Claiborne Way, SA, Tx 78209	Amount of contribution (\$) \$250 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Broadway Bank	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/3/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Mendiola 6 Contributor address; City; State; Zip Code 123 E. Mistletoe Ave., SA, Tx 78212	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 4/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Salge Contributor address; City; State; Zip Code 326 Washington, SA, Tx 78204	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Education Facilitator		Employer (See Instructions) HEB	
Date 4/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bro. Cletus Behlmann Contributor address; City; State; Zip Code 2507-B 36th Street, SA, Tx 78228	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions)	
Date 4/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael D. Beldon Contributor address; City; State; Zip Code P.O. Box13380, SA, Tx 78213	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) contractor, owner		Employer (See Instructions) Beldon Roofing	
Date 4/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Aranda, Sr. Contributor address; City; State; Zip Code 2222 Beechaven Dr., SA, Tx 78207	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/3/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Schneider 6 Contributor address; City; State; Zip Code 2072 Cline Ct., Apt. 101, Orion, MI 48359	7 Amount of contribution (\$) \$200 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired educator		10 Employer (See Instructions)	
Date 4/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel & Nancy Rivera Contributor address; City; State; Zip Code 9606 Diamond Gap, SA, Tx 78254	Amount of contribution (\$) \$50 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Steves Contributor address; City; State; Zip Code 501 Grandview Pl., SA, Tx 78209-5407	Amount of contribution (\$) \$500 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane & Charles Tuck Contributor address; City; State; Zip Code 139 Waxwood, SA, Tx 78216	Amount of contribution (\$) \$40 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles & Abbie Cotrell Contributor address; City; State; Zip Code 508 W. Craig Pl., SA, TX 78212	Amount of contribution (\$) \$100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
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2 FILER NAME **Patti Radle** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 4/6/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Witte-Howell	7 Amount of contribution (\$) \$25	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 105 Magnolia, SA, Tx 78212		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **activist** 10 Employer (See Instructions)
self

Date 4/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Cochran	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6203 Welles Brook Dr., SA, Tx 78240		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **Attorney** Employer (See Instructions)
Johnson, Christopher

Date 4/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Sprickard & Meredith McGuire	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 30545 Bridlegate Dr., Bulverde, Tx 78163		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **retired** Employer (See Instructions)

Date 4/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat & Hall Hammond	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 215 Argyle, SA, Tx 78209		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **sales** Employer (See Instructions)
self-employed

Date 4/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel & Maria Berriozabal	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1148 W. Russell Pl., SA, Tz 78201		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **retired** Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
7 of 13

2 FILER NAME

Patti Radle

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/8/15

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

Edward Whitacre

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

325 Terrell Road, SA, Tx 78209

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

retired

10 Employer (See Instructions)

Date

4/8/15

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

Charles E. Cheever

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11112 Monmouth, SA, Tx 78239

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/10/15

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

Abel & Olga Perez

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3801 E. Songbird, SA, Tx 78229

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/10/15

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

Robert Sosa

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

238 Funston, SA, Tx 78209-6538

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/10/15

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

Pat Malony

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

239 E. Commerce St., SA, Tx 78205

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

self-employed

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/13/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Heyer 6 Contributor address; City; State; Zip Code 13720 Earlywood, SA, Tx 78233	7 Amount of contribution (\$) \$75	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 4/13/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartell Zachry Contributor address; City; State; Zip Code P.O. Box 33240, SA, Tx 78265-3240	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Zachry Interests	
Date 4/13/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet P. Realini Contributor address; City; State; Zip Code 14348 Cherry Spring, SA, Tx 78255	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) self-employed	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria H. Tijerina Contributor address; City; State; Zip Code 1925 Guadalupe St., SA, Tx 78207	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Soto via SA Kids First PAC Contributor address; City; State; Zip Code 2034 W. Kings Hwy, SA, Tx 78201-4926	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Trinity Univ.	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/15/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Rubio	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1133 Greer, SA, Tx 78210		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Jenkins	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1542 W. Magnolia Ave., SA, Tx 78201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) SAISD	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose & John Shear	Amount of contribution (\$) \$10	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6838 Mountain Spring, SA, Tx 78249		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerri Ward	Amount of contribution (\$) \$10	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 434 Furr Drive, SA, Tx 78201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) SAISD	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael White	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1216 West Ave., SA, Tx 78201		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self-employed	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph & Martha White	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2419 West Magnolia Ave., SA, Tx 78228		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) retired		10 Employer (See Instructions)	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny & Martha Hernandez	Amount of contribution (\$) \$125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1323 Monterret, SA, Tx 78207		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) landscape owner		Employer (See Instructions) Quick Mow Lawns	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lou & David Williams	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 105 Chimney Rock Lane, SA, Tx 78231-1506		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary & Paul Davila	Amount of contribution (\$) \$30	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8414 Bent Waters, SA, Tx 78239-2906		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Gonzalez	Amount of contribution (\$) \$40	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1512 Leal St., SA, Tx 78207-2148		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauro & Rosa Escobedo 6 Contributor address; City; State; Zip Code 1206 Tampico St., SA, Tx 78207	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) beautitian		10 Employer (See Instructions) self-employed	
Date 4/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice Guzman Contributor address; City; State; Zip Code 3022 Jane Ellen St., SA, Tx 78237-4435	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) unk.		Employer (See Instructions)	
Date 4/14/15	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 (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/16/15	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 (\$) \$20	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James G. Lifshultz Contributor address; City; State; Zip Code 215 W. Travis, SA, Tx 78205	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) real estate developer		Employer (See Instructions) The Lifschutz Companies	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12 of 13	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/20/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat & Hall HAMmond 6 Contributor address; City; State; Zip Code 215 Argyle, SA, Tx 78209	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) sales		10 Employer (See Instructions) self-employed	
Date 4/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uvaldo Serna Contributor address; City; State; Zip Code 923 Vance Jackson, #701, SA, Tx 78201	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Consuelo Salazar Contributor address; City; State; Zip Code 225 San Carlos, SA, Tx 78207	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 4/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheryl Tynes Contributor address; City; State; Zip Code 2803 Windy Oaks St., SA, Tx 78230-3621	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Trinity Univ.	
Date 4/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Drury Contributor address; City; State; Zip Code 11331 Coker Loop E., SA, Tx 78216	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self-employed	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
13 of 13

2 FILER NAME

Patti Radle

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/21/15

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

Herlinda Perez

7 Amount of contribution (\$) **\$100**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1111 S. General McMullen, SA, Tx 78237-3803

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Owner

10 Employer (See Instructions)
Arizona Cafe

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 3	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/11/15	5 Payee name HEB
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6 Amount (\$) \$26.76	7 Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Cleaning supplies for old signs.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/17/15	Payee name HEB
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Amount (\$) \$8.44	Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Cleaning supplies for old campaign signs.
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/27/15	Payee name Allied Advertising Agency, Inc
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Amount (\$) \$500.	Payee address; City; State; Zip Code 3700 Blanco Rd., San Antonio, Texas 78212
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Deposit for yard signs.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/30/15	Payee name Allied Advertising Agency, Inc
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Amount (\$) \$779.26	Payee address; City; State; Zip Code 3700 Blanco Rd., San Antonio, Texas 78212
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Balance for yard signs and holders.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 3	2 FILER NAME Patti Radle	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/14/15	5 Payee name Estela's Mexican Restaurant	
6 Amount (\$) \$547.50	7 Payee address; City; State; Zip Code 2200 W. Martin Street, San Antonio, Texas 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food	(b) Description (If travel outside of Texas, complete Schedule T) Food for 4/14/15 fundraiser.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/21/15	Payee name The DeBerry Group	
Amount (\$) \$1,765.53	Payee address; City; State; Zip Code 110 Broadway, Suite 625, San Antonio, Texas 78205	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees & Postage	Description (If travel outside of Texas, complete Schedule T) Fees for fundraising, including \$415.40 postage reimbursement for mailer.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/21/15	Payee name Norma Denham & Associates	
Amount (\$) \$750.00	Payee address; City; State; Zip Code P.O. Box 461753, San Antonio, Texas 78246	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Address list for mailer.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/21/14	Payee name PGCMailing Services, Inc.	
Amount (\$) \$810.08	Payee address; City; State; Zip Code 10711 Hillpoint, San Antonio, Texas 78217	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Envelopes and fundraising material.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3	2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/8/15	5 Payee name Amol's Speciality Inc.		
6 Amount (\$) \$78.11	7 Payee address; City; State; Zip Code 710 S. Flores St., San Antonio, Texas 78204		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Decorations for 4/14/15 fundraiser.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/12/15	Payee name Office Depot		
Amount (\$) \$175.40	Payee address; City; State; Zip Code 2321 SW Military Dr., San Antonio, Texas 78224		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other - Office Supplies	Description (If travel outside of Texas, complete Schedule T) office supplies (paper, ink, etc.)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/14/15	Payee name Amol's Speciality Inc.		
Amount (\$) \$14.02	Payee address; City; State; Zip Code 710 S. Flores St., San Antonio, Texas 78204		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Decorations for 4/14/15 fundraiser.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/14/15	Payee name Rudy Amador		
Amount (\$) \$150.	Payee address; City; State; Zip Code 3418 San Luis, San Antonio, Texas 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) Music for 4/14/15 fundraiser.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 5	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 (\$) \$100	Payee address; City; State; Zip Code 301 Yucca St., San Antonio, Texas 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, Texas 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 Castrovilla Rd., 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.) Gift for Teacher recognition

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 2 of 5	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, 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.) Teacher Valentine recognition
Date 2/11/15	Payee name HEB	
Amount (\$) 65.48	Payee address; City; State; Zip Code 108 N. Rosillo, 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.) 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 Antonio, 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

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3 of 5	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, 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.) Cine Festival support for student recognition
Date 3/2/2015	Payee name Mayor's Commission for Women COSA	
Amount (\$) \$50.	Payee address; City; State; Zip Code City Hall, 100 Military Plaza, 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 Foundation	
Amount (\$) \$200.	Payee address; City; State; Zip Code 1504 E. Commerce St., 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.) Student Scholarships

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this 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 Fund	
6 Amount (\$) \$200.	7 Payee address; City; State; Zip Code 1710 Vera Cruz, San Antonio, Texas 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 (\$) \$200.	Payee address; City; State; Zip Code 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, Texas 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

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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)
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4 Date 5/21/2015	5 Payee name SA 2020
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6 Amount (\$) \$150.	7 Payee address; City; State; Zip Code 123 Heiman, San Antonio, Texas 78205
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8 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
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Date 5/29/15	Payee name HEB
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Amount (\$) \$171.43	Payee address; City; State; Zip Code 5818 S. Zarzanora, San Antonio, Texas 78224
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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.
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Date 5/29/15	Payee name HEB
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Amount (\$) \$45.51	Payee address; City; State; Zip Code 108 N. Rosillo, San Antonio, Texas 78207
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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.
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Date 6/14/15	Payee name Robert's Flower Shop
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Amount (\$) \$50.	Payee address; City; State; Zip Code 423 Castroville Road, San Antonio, Texas 78207
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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
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