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	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	Mary NICKNAME LAST		Date Received 7-11-17
,	Patti Radle		2:52 pm
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /PO BOX; APT/SUITE#; CITY; 1202 Tampico Street San Anto	onio Tx 78207	Date Hand-delivered or Postmarked
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 225-6913	EXTENSION	Date Processed
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged
TREASURER NAME	Joanne	SUFFIX	
	Sanchez	-	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	city; state; San Antonio Tx	ZIP CODE 78207
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 226-3898	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff [15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 1 / 2017 THROUGH	Month Day 6 / 30 /	Year 2017
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff G	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	SAISD Trustee District 5		
	GO TO PAG	E 2	

(TDD 1-800-735-2989)

C/OH NAME		15	ACCOUNT # (Ethics Commission I
	Patti Radle		
NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	ATE'S OR OFFICEHOLDER'S KNOWLEDGE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
CONTRIBUTION	1. TOTAL	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,390.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	ZED \$ -0-
	4. TOTAL	POLITICAL EXPENDITURES Sch.F= \$758.06 Sch.I= \$1,359.48	\$ 2,117.54
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 18,159.04
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	s -0-
AFFIDAVIT			
		I swear, or affirm, under penalty of p is true and correct and includes all in	
		me under Title 15, Election Code.	,
11 N. 29 S. 190 N.	LANDA V. MARTINEZ)
	y Public, State of Tex m. Expires 06-18-20		0
11 7 74 11 41 5	tary ID 1125413-5	Signature of Candi	date or Officeholder

Title of officer administering oath Signature of officer administering oath

_, to certify which, witness my hand and seal of office.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commission Filers)
	Patti Radle	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ O
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 758.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$ 0
11.	X SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,359.48
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ O

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor draising Expense at District d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
4 **	<u> </u>	o complete time for	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1	Patti Radle		
4 Date	5 Payee name		
Jan-June, 2017	BBVA Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$34.00	218 S. Zarzamora St., San Antonio,	Texas 78207	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fees	Fees for mor	nthly paper bank statements.
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	t Office held
Date 3/16/2017	Payee name US Postmaster		
Amount (\$)	Payee address; City; State; Zip Code		
\$196.00	1140 S. Laredo St., San Antonio, Te	avae 78204_000	28
\$190.00	1 140 S. Laredo St., San Antonio, 18	CXAS 10204-338	90
PURPOSE	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising Expense	Postage f	or fundraising.
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	t Office held
Date	Pavee name		
3/16/2017	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$474.26	2321 S.W. Military Drive, San Anton	iio, Texas 7822	4
PURPOSE	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Condition Consess		a Companion of the first desired
EXPENDITURE	Fundaising Expense		s & envelopes for fundraising.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	t Office held
Date	Payee name		
5/9/80	Rose Garcia		
Amount (\$)	Payee address; City; State; Zip Code		
\$59.80	1717 W. Cesar Chavez Blvd., San Ant	onio, Texas 782	208
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
EXPENDITURE	Fundraising Expense	Sending that	nk notes for contributions.
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
1	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDIII E AS N	NEEDED
	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7		- m - m - m - m - m - m - m - m - m - m
www athics state ty us			Pavisad 04/10/2013

(TDD 1-800-735-2989) SCHEDULE I

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1 of 3	Patti Radle	
4 Date	5 Payee name	
1/12/2017	SA2020	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$25.00	123 Heiman St., San Anontio, Texas 78	3205
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) contribution	(b) Description (See instructions regarding type of information required.) Donation for report luncheon.
Date 2/15/17	Payee name N & S Enterprizes	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 222 E. Houston St., San Antonio, Texas	78205
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contribution	(b) Description (See instructions regarding type of information required.) Donation for T-Shirts for Lanier BB Team
Date March 18, 201	Payee name 7 Robert's Flower Shop	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 423 Castrovill Rd., San Antonio, Texas 78	207
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) donation	(b) Description (See instructions regarding type of information required.) flowers for wreath ceremony for Caesar Chavez March
Date	Payee name	
4/8/2017	Fuentes-Sanchez Scholarship Fund	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 922 San Pedro, San Antonio, Texas	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	donation	student scholarships

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

www.ethics.state.tx.us Revised 04/19/2013

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE I

	The Instruction Guide explains how	v to complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
2 of 3	Patti Radle	
4 Date	5 Payee name	
5/11/2017	Heather Tellez, Lanier HS Cr	ross County
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$250.00	1514 W. Ceasar Chanvez, San Anontio	, Texas 78207
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories) contribution	(b) Description (See instructions regarding type of information required.) Donation for summer camp for students.
Date 5/11/17	Payee name Half Price Books	
Amount (\$) \$75.63	Payee address; City; State; Zip Code 3207 Broadway, San Antonio, Texas 782	209
PURPOSE OF Expenditure	(a) Category (See instructions for examples of acceptable categories) COntribution	(b) Description (See instructions regarding type of information required.) Donation for Lanier HS student poetry journals.
Date	Payee name	
5/23/2017	НЕВ	
Amount (\$) \$17.40	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	(b) Description (See instructions regarding type of information required.)
		Treacher appreciation gift for Jason Jones.
Date	Payee name	
5/26/2017	Lanier High School	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1514 W. Ceasar Chavez, San Antonio, Te	exas 78207
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	donation	Donation for cheerleader camp

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

(512) 463-5800

Patti Radle Patti Radle Payee name HEB Payee address; City; State; Zip Code 6818 S. Zarzamora, San Anontio, Texas (a) Category (See instructions for examples of acceptable categories)	3 ACCOUNT # (Ethics Commission Filers 78224 (b) Description (See instructions regarding type of information
HEB 7 Payee address; City; State; Zip Code 6818 S. Zarzamora, San Anontio, Texas (a)Category (See instructions for examples of acceptable categories)	
HEB 7 Payee address; City; State; Zip Code 6818 S. Zarzamora, San Anontio, Texas (a)Category (See instructions for examples of acceptable categories)	
7 Payee address; City; State; Zip Code 6818 S. Zarzamora, San Anontio, Texas (a) Category (See instructions for examples of acceptable categories)	
6818 S. Zarzamora, San Anontio, Texas (a)Category (See instructions for examples of acceptable categories)	
(a)Category (See instructions for examples of acceptable categories)	
categories)	(b) Description (See instructions regarding type of information
	required.)
recognition gift	End of year cookies and candies for school staff members.
Payee name	
Payee address; City; State; Zip Code	
(a) Category (See instructions for examples of acceptable categories) Contribution	(b) Description (See instructions regarding type of information required.)
Payee name	
Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See required.)	
Payee name	
Payee address; City; State; Zip Code	
a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	Payee address; City; State; Zip Code a) Category (See instructions for examples of acceptable categories) Contribution Payee name Payee address; City; State; Zip Code a) Category (See instructions for examples of acceptable categories) Payee name Payee address; City; State; Zip Code City; State; Zip Code City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1 of 18
2 FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/17	Molly Steves Zachry	o; Zip Code o, Texas 78209	7 Amount of contribution (\$) \$500.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	retired	NA	
Date 3/20/17	Full name of contributor	e; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Professor	St. Mary's Univ	versity
Date 3/21/17	Full name of contributor	; Zip Code o, Texas 78217	Amount of contribution (\$) \$500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Construction	Concept Builde	ers
Date 3/18/17	D. Alfonso Chiscano	: (ID#:) :; Zip Code nio, Texas 78209	Amount of contribution (\$) \$50.00
Principal occu	pation / Job title (See Instructions) physician	Employer (See Instruct self-employed	ions)
	ATTACH ADDITIONAL CODIES O		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

				SCHEDULE AT
	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 2 of 18
2	FILER NAME	Patti Radle	,	3 Filer ID (Ethics Commission Filers)
4	Date 3/21/17	5 Full name of contributor ☐ out-of-state PAC Cathy Obriotti Green 6 Contributor address; City; State 128 Grant, San Antonio, Texas 7820	· '	7 Amount of contribution (\$) \$100.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
		retired	NA	
	Date 3/21/17	Tom Frost	; Zip Code 78296	Amount of contribution (\$) \$1,000.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
		retired	NA	
	Date 3/14/17	Full name of contributor	: Zip Code	Amount of contribution (\$) \$25.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
		retired	NA	
	Date 3/21/17	Full name of contributor	; Zip Code	Amount of contribution (\$) \$500.00
	Principal occup	ation / Job title (See Instructions) roofing	Employer (See Instructi self-employed	ions)

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

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 18
2	FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)
4	3/23/17	Enrique & Isabel Sanchez		7 Amount of contribution (\$) \$30.00
8	Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
		retired	NA	
	Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
	3/23/17	Rev. Bill Davis Contributor address; City; State 5722 Blanco Road, San Antono, Texa		\$40.00 CASH
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
		retired	NA	
	Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
3/22/17 Thomas Keene Contributor address; City; State; Zip Code 181 Hermine Blvd., San Antonio, Texas 78212			; Zip Code (as 78212	\$100.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	tions)
		retired	NA	
	Date 3/23/17	Edward Whitacre	; Zip Code	Amount of contribution (\$) \$250.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
		roofing	self-employed	
	,	Y		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 18
2	FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
	3/25/17	Joe & Martha Barton-Rivera 6 Contributor address; City; State 1947 W. Summit Ave., San Antonio,	r; Zip Code Texas 78201	\$50.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
		retired	NA	
	Date 3/24/17	Rudy Harst	; Zip Code 8223	Amount of contribution (\$) \$50.00
	Principal occup	 pation / Job title (See Instructions)	Employer (See Instruct	ions)
		musician/writer	self-employed	
	Date 3/24/17	Lou & David Williams	c (ID#:) c; Zip Code io, Texas 78231	Amount of contribution (\$) \$100.00
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	,	retired	NA	,
	Date 3/24/17	Full name of contributor	c (ID#:)	Amount of contribution (\$) \$200.00
	Principal occup	pation / Job title (See Instructions) MD	Employer (See Instruct Healthy Futures	•
		:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	The Instruction G	uide explains ho	w to complete this	form.	1 Total pages Schedule A1: 5 of 18
2 FILE	R NAME Patti Ra	adle			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name	of contributor	out-of-state PAC) (ID#:)	7 Amount of contribution (\$)
3/22	6 Contribute	or address;	City; State /oods, San Anto		\$150.00
3 Princ	cipal occupation / Job tit	e (See Instructions	3)	9 Employer (See Instru	ctions)
***	investmen	ts		Dennard-La	ascar Associates
Date		of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/2	5/17 · · · · · · · · · · · · · · · · · · ·	or address;	City; State tono, Texas 782	•	\$40.00
Princi	pal occupation / Job title	(See Instructions)	!	Employer (See Instru	ctions)
	Nurse			UHS	
Date	Full name	of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/2	Contribute	ara Whitte-How or address; ⁄/agnolia Dr., Sa	ell City; State an Antonio, Texa	; Zip Code as 78231	\$50.00
Princi	ipal occupation / Job title	(See Instructions)	l	Employer (See Instru	ctions)
	retired			NA	
Date		of contributor	out-of-state PAC	G (ID#:)	Amount of contribution (\$)
		ine Schneider or address;	City; State	e; Zip Code 59	\$100.00
3/24		TODY Rd., Lake			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 18		
2	FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor out-of-state PAC	3 (ID#:)	7 Amount of contribution (\$)		
3/27/17 Susan Wade 6 Contributor address; City; State; Zip Code 308 Geneseo, San Antonio, Texas 78209			\$500.00			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
		Officer	HEB	•		
Date Full name of contributor out-of-state PAC (ID#:) Ernest Rubio 3/27/17		Amount of contribution (\$)				
1133 Greer, San Antono, Texas 78210						
Principal occupation / Job title (See Instructions)			Employer (See Instruct	ions)		
retired			NA			
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
3/22/17 Stan & Wendy Drezek Contributor address; City; State; Zip Code 6 Westelm Garden, San Antonio, Texas 78230		; Zip Code xas 78230	\$100.00			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
		retired	NA			
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	3/26/17	John Hackett Contributor address; City; State 123 E. Elsmere Place, San Antoniio,	; Zip Code Texas 78212	\$100.00		
Principal occupation / Job title (See Instructions) Employer (See NA			Employer (See Instructi NA	ons)		

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

SCHEDULE A1

				1 Total pages Schedule A1:
	The	Instruction Guide explains how to complete this	form.	7 of 18
2	FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)
4		_	C (ID#:)	7 Amount of contribution (\$)
	3/27/17	Barbara Tracy 6 Contributor address; City; State 3211 Morning Crk, San Antonio, Texa	; Zip Code	\$100.00
8	Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
		retired	NA	
	Date	Full name of contributor □ out-of-state PAC Jane & Woody Tuck	3 (ID#:)	Amount of contribution (\$)
_	3/25/17	Contributor address; City; State 129 Waxwood Ln, San Antono, Texas		\$50.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
		retired	NA	
-	Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
	3/28/17	Louia Zbinden Contributor address; City; State; 135 Oakhurst PI., San Antonio, Texa	; Zip Code is 78209	\$200.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	itions)
		retired	NA	
	Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
3/24/17 Bartell Zachry Contributor address; City; State; Zip Code 7603 Shadtlane Drive, San Antoniio, Texas 78209			\$500.00	
	Principal occup	pation / Job title (See Instructions) OWNER	Employer (See Instruct Zachry Interest	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1; 8 of 18	
2 FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)	
3/28/17	Robert Sosa 6 Contributor address; City; State 238 Funston PI., San Antonio, Texas	· '	\$100.00	
B Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
	retired	NA		
Date 3/28/17	Full name of contributor	, 1	Amount of contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions) Employe		Employer (See Instruct	ions)	
	retired	NA		
Date 3/28/17	Full name of contributor	z; Zip Code o, Texas 78205	Amount of contribution (\$) \$250.00	
Principal occu	i pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	Att.	Martin & Droug	ht PC	
Date		C (ID#:)	Amount of contribution (\$)	
3/30/17	John & Dolores Willome Contributor address; City; State P.O. Box 1138, Boerne, Texas 7800	e; Zip Code 06	\$500.00	
	Principal occupation / Job title (See Instructions) investments		ons)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 9 of 18					
2	FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
	3/29/17	Barbara Nellermoe 6 Contributor address; City; State 112 E. Lulwood, San Antonio, Texas	· '	\$50.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
		Judge	State of Texa	·		
	Date 4/1/17	Full name of contributor	; Zip Code	Amount of contribution (\$) \$50.00		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed			ions)		
Date Full name of contributor		(ID#:)	Amount of contribution (\$)			
3/31/17 Jodine Taylor Contributor address; City; State; Zip Code 11310 Whisper Falls, San Antonio, Texas 78230		Zip Code exas 78230	\$50.00			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
		faculty	NISD			
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	4/1/17	Robert Comeaux Contributor address; City; State 1810 Oakline Drive, San Antonio, Te	· · ·	\$50.00		
		Employer (See Instruct NA	ions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

TI	he Instruction Guide explains how to complete this	1 Total pages Schedule A1: 10 of 18	
2 FILER NAM	^{//E} Patti Radle		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
3/31/17	Steven Cochran 6 Contributor address; City; State 6203 Welles Brook Dr., San Antonio,	e; Zip Code , Texas 78240	\$50.00
8 Principal oc	ccupation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Att.	self-employe	:d
Date Full name of contributor Bryce & Mary Mulligan 4/3/17 Contributor address; City; State; Zip Code		Amount of contribution (\$)	
	627 Guenther, San Antono, Texas 7	-	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructi	ions)
	author	self-employed	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/3/17	4/3/17 Debra Salge Contributor address; City; State; Zip Code 326 Washington, San Antonio, Texas 78204		\$100.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructi	tions)
	Education Specialist	HEB	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/3/17 Messina Cam Contributor address; City; State; Zip Code 252 W. Mariposa, San Antonio, Texas 78212		\$100.00	
Principal occupation / Job title (See Instructions) Employer retired NA		Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 11 of 18 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Patti Radle 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 4/3/17 \$100.00 Susie Mendiola 6 Contributor address; City; State; Zip Code 123 E. Mistletoe, San Antonio, Texas 78212 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) NA retired Full name of contributor out-of-state PAC (ID#; Date Amount of contribution (\$) Chris & Pat Maguire 4/4/17 \$50.00 Contributor address; City; State; Zip Code 707 Executive, San Antono, Texas 78216 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired NA Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) \$20.00 4/2/17 Ralph & Janis Ruiz Contributor address; City; State; Zip Code 224 Crestview Dr., San Antonio, Texas 78201 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired NA Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:__ 4/3/17 Charles Butt \$1000.00 Contributor address; City; State; Zip Code 335 King William, San Antonio, Texas 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions) HEB owner

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 12 of 18
2 FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/17	J out-or-state PAC (ID#:		7 Amount of contribution (\$) \$25.00
3 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	retired	NA	
Date Full name of contributor Pat Maloney 4/4/17 Contributor address; 239 E. Commerce, San Antono, Texas 78205		Amount of contribution (\$) \$500.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	att.	self-employed	
Date Full name of contributor out-of-state PAC (ID#:) 4/4/17 William Greehey Contributor address; City; State; Zip Code P.O. Box 780489, San Antonio, Texas 78278		Amount of contribution (\$) \$1,000.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Owner	NuStar	
Date 4/3/17	Full name of contributor	; Zip Code	Amount of contribution (\$) \$100.00
		Employer (See Instructi self-employed	ions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 13 of 18 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Patti Radle 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 4/4/17 Molly Watt \$10.00 6 Contributor address; City; State; Zip Code 322 Argo, San Antonio, Texas 78209 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired NA Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Sonia M. Rodriguez 4/7/17 \$200.00 Contributor address; City; State; Zip Code 3906 Forest Creek, San Antono, Texas 78230 Principal occupation / Job title (See Instructions) Employer (See Instructions) att. self-employed Date Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) 4/6/17 Abel Perez \$100.00 City; State; Zip Code Contributor address; 3801 E. Songbird Ln, San Antonio, Texas 78229 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired NA Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#:_ 4/7/17 Arturo Madrid \$100.00 Contributor address; City; State; Zip Code 2429 McCullough, Apt. 302, San Antonio, Texas 78212 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

				SCHEDULE AT
	The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 14 of 18	
2	FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	3/6/17	Leo F. Perron 6 Contributor address; City; State 3707 N. St. Mary's, Suite 210, San Ai	•	\$1,000.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
		Owne, investments	Perron & Ca	mbell
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	3/29/17	Michael Humphreys Contributor address; City; State 5150 Broadway St., #624, San Anton		\$1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
	principal officer Alturas Endow			ment
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	4/3/17	William Orr III Contributor address; City; State 337 Corona Ave., San Antonio, Texa		\$200.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
		construction	Voyles Orr Buil	ders, LLC
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/8/17 Terence W. Touhey Contributor address; City; State; Zip Code 4707 Broadway, #99, San Antonio, Texas 78209		\$500.00		
Principal occupation / Job title (See Instructions) retired Remployer (See Instructions) NA		ions)		

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

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15 of 18	
2	FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor out-of-state PAC) (ID#:)	7 Amount of contribution (\$)	
	4/8/17	į		\$100.00	
		6 Contributor address; City; State 146 Oakmont Cir, San Antonio, Texa	· '		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
		professor	Trinity Univ.		
	Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	
	4/6/17	Don & Kimberly Arispe	Tanasa da	\$25.00	
	4/0/17	•	; Zip Code	Ψ23.00	
		14026 Wildcat Lair, San Antono, Texa	as /8253		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
		self-employed	NA		
Date Full name of contributor		Amount of contribution (\$)			
	3/22/17	Mary Alice Solis		\$50.00	
Contributor address; City; State; Zip Code		;Zip Code	Ψ00.00		
		104 Ross Ave., San Antonio, Texas	78225		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
		real estate	self-employed		
	Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	
	4/10/17	Charlie Cheever		\$500.00	
Contributor address; City; State; Zip Code 1112 Monmouth, San Antonio, Texas 78239				,	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	T morpal ocoup	retired	NA		

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 16 of 18 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Patti Radle 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of contribution (\$) \$1,000.00 4/11/17 Gordon Hartman 6 Contributor address: City; State; Zip Code 1202 W. Bitters, Bld.1, Ste 1200, San Antonio, Texas 7821 6 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) philanthopist self-employed Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Judith Valdez \$500.00 3/27/17 Contributor address; City; State; Zip Code 601 Tuxedo Ave., San Antono, Texas 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) self-employed NA Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 4/14/17 \$50.00 Joan & Edgar Marshall ntributor address; City; State; Zip Code 18102 Apache Springs Dr., San Antonio, Texas 78259 Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) NA retired Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (ID#: 4/12/17 George Block \$250.00 Contributor address; City; State; Zip Code 127 Burr Rd., #4, San Antonio, Texas 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired NA ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 17 of 18
2	FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)
4	Date 4/12/17	5 Full name of contributor ☐ out-of-state PAC Patricia Shield Ayers	C (ID#:)	7 Amount of contribution (\$) \$1,000.00
		6 Contributor address; City; State 3101 Bee Cave Rd., #260, Austin, Te	· ·	4 1,5 3 2
8	Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
		President	Shield-Ayers	Foundation
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	4/12/17/17 Contributor address; City; State; Zip Code 3101 Bee Cave Rd., #260, Austin, Texas 78746			\$750.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
		President	Camp El Ranc	hitos, LLC
	Date	Full name of contributor	G (ID#:)	Amount of contribution (\$)
4/12/17 Bobby Ayers Contributor address; City; State; Zip Code 3101 Bee Cave Rd., #260, Austin, Texas 78746			; Zip Code exas 78746	\$750.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
		officer	Camp El Ranci	hitos, LLC
,	Date	_	; (ID#:)	Amount of contribution (\$)
	4/12/17 John Heard \$250.00 Contributor address; City; State; Zip Code 780 Terrell Rd., San Antonio, Texas 78209			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
		Att.	Heard & Smith	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 18 of 18				
2	FILER NAME	Patti Radle		3 Filer ID (Ethics Commission Filers)	
4	5 Full name of contributor out-of-state PAC (ID#:) 5/2/17 Rev. Bill Davis 6 Contributor address; City; State; Zip Code 5722 Blanco Rd., San Antonio, Texas 78216		7 Amount of contribution (\$) \$50.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
		retired	NA NA		
	Date 4/27/17	Full name of contributor	; Zip Code	Amount of contribution (\$) \$25.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
retired NA		NA			
Date Full name of contributor Out-of-state PAC (ID#:		; Zip Code	Amount of contribution (\$) \$25.00		
	Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)	
		retired	NA		
	Date 6/23/17	Meredith McGuire	; Zip Code exas 78163	Amount of contribution (\$) \$100.00	
	Principal occup	pation / Job title (See Instructions) retired	Employer (See Instructi NA	ions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED