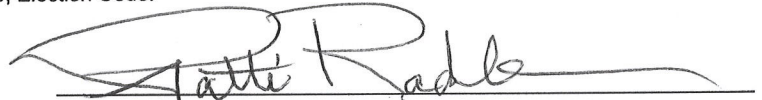


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Patti Radle		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. SchF= \$1,137.95 SchI= \$120.00	\$ 1,257.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,257.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,141.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 SIGNATURE 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.

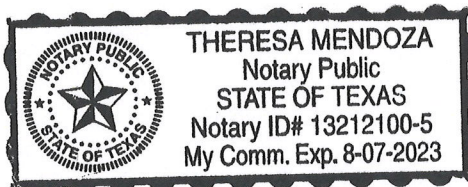


Signature of Candidate or Officeholder

Patti Radle

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Patti Radle this the 11 day of January

20 23, to certify which, witness my hand and seal of office.

Theresa Mendoza Theresa Mendoza Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Patti Radle		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 1,137.95
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	\$ 120.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
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4 Date July-Dec	5 Payee name PNC Bank
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6 Amount (\$) \$120.00	7 Payee address; 218 S. Zarzamora, San Antonio, Texas	City; 78207	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead (monthly bank service fees)	(b) Description \$20/month checking acc't service fees
	(c) <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	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3 (1 of 3)	2 FILER NAME Patti Radle		3 Filer ID (Ethics Commission Filers)	
4 Date 8/18/2022	5 Payee name RJ Publications LLC			
6 Amount (\$) \$300.00	7 Payee address;	City	State	Zip Code
	P.O.Box 272,	Helotes,	Texas	78023
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donations		(b) Description (See instructions regarding type of information required.) Support for Lanier Football programs.	
Date 8/11/2022	Payee name Roberts Flower Shop			
Amount (\$) \$32.47	Payee address;	City	State	Zip Code
	423 Castroville, Rd.,	San Antonio,	Texas	782078
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation - Gift		Description (See instructions regarding type of information required.) Flowers for 3 new pricipals	
Date 9/28/2022	Payee name Lanier HS Culinary Program			
Amount (\$) \$200.00	Payee address;	City	State	Zip Code
	1514 W. Ceasar Chavez Blvd.,	San Antonio,	Texas	78207
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation		Description (See instructions regarding type of information required.) Food for SuperdendentM "Meet & Greet"	
Date 10/8/2022	Payee name YWLA			
Amount (\$) \$100.00	Payee address;	City	State	Zip Code
	2123 W. Huisache Ave.,	San Antonio,	Texas	78201
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation		Description (See instructions regarding type of information required.) For student program support	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3 (2 of 3)	2 FILER NAME Patti Radle	3 Filer ID (Ethics Commission Filers)
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4 Date 12/26/2022	5 Payee name City Year of San Antonio
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6 Amount (\$) \$50.00	7 Payee address; 118 N. Medina St., #300, San Antonio, Texas	City San Antonio	State Texas	Zip Code 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation	(b) Description (See instructions regarding type of information required.) For student program support
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Date 12/26/2022	Payee name Greater San Antonio After-School All Stars
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Amount (\$) \$50.00	Payee address; 2006 W. Commerce St., San Antonio, Texas	City San Antonio	State Texas	Zip Code 78207
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) For student program support
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Date 12/13/2022	Payee name Amol's
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Amount (\$) \$36.32	Payee address; 227 Fredericksburg Rd., San Antonio, Texas	City San Antonio	State Texas	Zip Code 78201
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) Decorations & table cloths for Central Office staff appreciation party
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Date 12/12/2022	Payee name Family Dollar
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Amount (\$) \$10.83	Payee address; 1802 S. Zanzamore, San Antonio, Texas	City San Antonio	State Texas	Zip Code 78207
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.) As above for Central Office staff appreciation party
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 3 (3 of 3)		2 FILER NAME Patti Radle		3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/2022		5 Payee name HEB			
6 Amount (\$) \$191.54		7 Payee address; City State Zip Code 6818 S. Zarzamora, San Antonio, Texas, 78224			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) Donation		(b) Description (See instructions regarding type of information required.) Cookie dough & cady for District 5 school staff appreciation	
Date 12/10/2022		Payee name HEB			
Amount (\$) \$77.28		Payee address; City State Zip Code 108 Rosillo, San Antonio Texas 78207			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Donation		Description (See instructions regarding type of information required.) Cookie dough and candy for District 5 school staff appreciation	
Date 12/10/2022		Payee name Target			
Amount (\$) \$89.51		Payee address; City State Zip Code 4522 Fredericksburg Rd., San Antonio, Texas 78201			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Donation		Description (See instructions regarding type of information required.) Cookie dough & candy for District 5 school staff appreciation	
Date		Payee name			
Amount (\$)		Payee address; City State Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

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