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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

2003 JUL 15 PM 4:21

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: 17

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
TITLE | FIRST: Mary | MI: P.
NICKNAME: Patti | LAST: Radle | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 1202 Tampico Street | APT / SUITE #: | CITY: San Antonio | STATE: Tx | ZIP CODE: 78207

5 CAMPAIGN TREASURER NAME
TITLE | FIRST: (see attached form) | MI
NICKNAME | LAST | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE #: | CITY: | STATE: | ZIP CODE

7 CAMPAIGN TREASURER PHONE
AREA CODE ( ) | PHONE NUMBER | EXTENSION

8 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED
Month 5 / Day 16 / Year 03 THROUGH Month 6 / Day 30 / Year 03

10 ELECTION
ELECTION DATE: Month 5 / Day 27 / Year 03
ELECTION TYPE: ☐ Primary ☒ Runoff ☐ General ☐ Special

11 OFFICE
OFFICE HELD (if any): District 5 Councilrepresentative

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••
Name: (see attached form)
Address / PO Box: | Apt. / Suite #: | City: | State: | Zip Code
☒ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Patti Radle

15 ACCOUNT # (Ethics Commission filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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. ••

N/A

☐ additional pages

COMMITTEE TYPE	
☐ GENERAL	COMMITTEE NAME
☐ SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ N/A
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 6,445.06
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ N/A
	4. **TOTAL POLITICAL EXPENDITURES**	$ 10,294.57
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,000.00

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
VICTORIA M SALAZAR
MY COMMISSION EXPIRES
April 04, 2005

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patti Radle, this the 15th day of July, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

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Candidate/Officholder Campaign Finance Report

TOTAL PAGES FILED	17

3 CANDIDATE/ OFFICEHOLDER NAME	TITLE	FIRST	MI
		MARY	PATRICIA
	NICKNAME	LAST	SUFFIX
	PATTI	RADLE	

4 CANDIDATE/ OFFICEHOLDER ADDRESS	1202 TAMPICO ST	SAN ANTONIO	TEXAS	78207

5 CAMPAIGN TREASURER NAME	CONNIE	R
	RODRIGUEZ	

6 CAMPAIGN TREASURER ADDRESS	1407 EL PASO	SAN ANTONIO	TEXAS	78207

7 CAMPAIGN TREASURER PHONE	210	223-4683

8 REPORT TYPE	July 15th

9 PERIOD COVERED	5/16/03	THROUGH	6/30/03

10 ELECTION	RUNOFF

11 OFFICE HELD	DISTRICT 5	COUNCIL WOMAN

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
SEE ATTACHED

14 C/OH NAME	PATTI RADLE

16 NOTICE FROM POLITICAL COMMITTEE	N/A

17 NO REPORTABLE ACTIVITY	N/A

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C/OH NAME	PATTI RADLE	2002 JUL 15 PM 4:21

18 CONTRIBUTION TOTALS	1 TOTAL CONTRIBUTIONS OF $50 OR LESS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	N/A
	2 TOTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS	**$6,445.06**
EXPENDITURE TOTALS	3 TOTAL POLITICAL EXPENDITURES OF $50 OR LESS UNLESS ITEMIZED	N/A
	4 TOTAL POLITICAL EXPENDITURES	**$10,294.57**
OUTSTANDING LOAN TOTALS	5 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$1,000.00**

19 AFFIDAVIT	SEE ORIGINAL FORM

CANDIDATE/OFFICEHOLDER
CAMPAIGN FINANCE REPORT

Direct Campaign Expenditures
Made by Other
Without Candidates Prior
Concent or Approval

FORM C/OH
COVER SHEET PAGE 1
SECTION 13

	NAME	ADDRESS	CITY STATE	ZIP	DIRECT CAMPAIGN EXPENDITURES	EST VALUE
1	DANIEL LOPEZ	634 Cedar	SAN ANTONIO TX	78210	VAN RENTAL(1 DAY)	UNKNOWN
2	SEIU	1313 L Street NW, WA,DC	SAN ANTONIO TX	20005	3 MAILERS	UNKNOWN
3	SEIU	1313 L Street NW, WA,DC	SAN ANTONIO TX	20005	2 RADIO ANNOUNCEMENTS	UNKNOWN

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3

2 FILER NAME: Patti Radle

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	(see attached)		

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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

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PLEDGED CONTRIBUTIONS

N/A

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME: Patti Radle

3 ACCOUNT # (Ethics Commission filers): N/A

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_____) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:_____) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

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

POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES
OR LOANS

PATTI RADLE CAMPAIGN FOR DISTRICT 5

Income through June 30, 2003

Contributions thru June 30th for Semi-Annual Report

	DATE	LAST NAME	FIRST NAME	ADDRESS	ZIP CODE	AMOUNT		IN-KIND CONTRIBUT
1	5/19/03	Hammond	Hal	215 Argyle	78209	$100.00		
2	5/16/03	Castro	Julian	143 Globe	78228	$100.00	estimate	STATIONARY
3	5/18/03	Stallworth	Teresa	426 Shadowbluff	78216	$50.00		
4	5/17/03	Brown	J.L.	141 Lamont	78209	$100.00		
5	5/19/03	Hoffman	Thomas	559 Gettysburg Rd.	78228	$50.00		
6	5/16/03	Batko	Bill	7121 Sycamore	20912	$100.00		
7	5/18/03	Flohr	Bruce	127 Grant Ave.	78209	$500.00		
8	5/18/03	Flohr	Janet	127 Grant Ave.	78209	$500.00		
9	5/16/03	Donovan	James	139 Terrell Rd.	78209	$50.00		
10	5/15/03	Vale	Theresa	410 W. Glenview Dr.	78228	$100.00		
11	5/16/03	Peace	Annalisa	247 Army	78215-1027	$50.00		
12	5/19/03	Pedigo	D.	P.O. Box 34494	78265	$200.00		
13	5/17/03	Guyer	Madeline	3051 S. Valley View Ln.	78217	$100.00		
14	5/15/03	White	Collis	401 South reasa	78205	$250.00		
15	5/19/03	Lopez	Beverly B.	2302 Stoney Trail Cir.	78231	$30.00		
16	5/16/03	Cassel	Maryella	20922 Cactus Loop	78258	$25.00		
17	5/7/03	Steves	Sam Bell II	P.O. Box 1866	78297	$500.00		
18	5/22/03	Green	Cathy O.	128 Grant Ave.	78209	$150.00		
19	5/22/03	Johnston	Murray	306 Kennedy	78209	$150.00		
20	5/22/03	Zachry	Karen Lee	211 Ridgemont Ave.	78209-5431	$200.00		
21	5/12/03	Olivier	Paul J.	Cashier's Check		$50.00		
22	5/22/03	Frost	T.C.	P.O. Box 1600	78296	$100.00		
23	5/22/03	Carter	David P.	200 Main Plaza	78205	$100.00		
24	5/22/03	Perrenod	W. Matthew	35 Huron Ave.	2138	$100.00		
25	5/22/03	Frost	Pat	604 Garraty Road	78209	$50.00		
26	5/22/03	Carter	Paul B.	802 Augusta, #100	78215	$100.00		
27	5/23/03	Castillo	Patricio S.	138 Piegan St.	78207-6812	$60.00		
28	5/23/03	Covarrubias	Jesse S.	204 Shalimar	78213	$100.00		
29	5/22/03	Durden	Don	411 FM 473, Comfort	78013-3608	$150.00		
30	5/20/03	Vensas	Richard	15365 Mutiny Court, Corpus C.	78418	$100.00		
31	5/22/03	German	John	2115 Encino Cliff	78259	$75.00		
32	5/24/97	Gonzalez	Laura J.	1512 Leal	78207-2148	$100.00		
33	5/22/03	Montez	Deborah Ann	111 Pletz	78226	$100.00		

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES
OR LOANS

PATTI RADLE CAMPAIGN FOR DISTRICT 5

Income through June 30, 2003

Contributions thru June 30th for Semi-Annual Report

	DATE	LAST NAME	FIRST NAME	ADDRESS	ZIP CODE	AMOUNT		IN-KIND CONTRIBUT
34	5/23/03	Consulting Engineers	Council of Tx	1001 Congress Ave Suite 200	78201	$280.00		
35	5/22/03	Holland & Knight LLP		112 E. Pecan St., Ste 2700	78205-1551	$250.00		
36	5/12/03	Evans	Richard W.	315 Terrell Rd.	78209	$50.00		
37	5/21/03	SEIU		1313 L Street NW, WA,DC	20005	$500.00		
38	5/27/03	Cochran	Stephen & Rosa	6203 Welles Brok Dr.	78240	$50.00		
39	6/1/03	Huizar	Sylvia	1202 Division Ave.	78225-2584	$50.00		
40	5/27/03	Duda	Tim	340 Queen Anne Ct.	78209	$50.00		
41	5/29/03	Bill's Pawn & Jewelry		105 S. Zarzamora St.	78207	$300.00		
42	5/27/03	Castro	Julian	143 Globe	78228	$116.00		Phone Banking
43	5/27/03	Tarver	Lewis	110 Burilla	78209	$40.00		
44	5/27/03	Miscellaneous	Cash	Contributions for 5/27/03		$19.06		
45	6/15/03	Zorola	Marcos	7626 Triple Leaf	78263	$250.00	estimate	COMPUTER COPIER & FAX
				TOTAL		**$6,445.06**		

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LOANS

2003 JUL 15 PM 4:22

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 2

2 FILER NAME: Patti Radle

3 ACCOUNT # (Ethics Commission filers): N/A

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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

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LOANS

SCHEDULE E

TOTAL PAGES SCHEDULE E	1

FILER NAME	PATTI RADLE	ACCOUNT #	

TOTAL OF UNITEMIZED LOANS	N/A

DATE OF LOAN	NAME OF LENDER	LOAN AMOUNT
02/28/03	PATTI AND ROD RADLE	$1,000.00

IS LENDER A FINANCIAL INSTITUTION	LENDER	ADDRESS	CITY	STATE	ZIP CODE	INTEREST RATE
NO	1202 TAMPICO	SAN ANTONIO		TEXAS	78207	$0.00
						MATURITY DATE $0.00

DESCRIPTION OF COLLATERAL
NONE

GUARANTOR INFORMATION	NOT APPLICABLE

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POLITICAL EXPENDITURES

2003 JUL 15 PM 4:22

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Patti Radle

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name (see attached) 6 Payee address; City; State; Zip Code	7 Amount ($)
8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held	

Date	Payee name Payee address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held	

Date	Payee name Payee address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held	

Date	Payee name Payee address; City; State; Zip Code	Amount ($)
Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PATTI RADLE CAMPAIGN FOR DISTRICT 5

Expenditures through June 30, 2003 **Expenditures thru June 30th for Semi Annual Report**

DATE	PAYEE NAME	ADDRESS	AMOUNT	PURPOSE OF PAYMENT
05/16/03	La Prensa	320 S Flores St San Antonio Tx 78204	$1,500.00	add for 5/18/03
05/17/03	Guadalupanita Café	1310 El Paso San Antonio, Tx 78207	$35.00	Tacos for Vol. Block Walkers
05/17/03	HEB	108 N Rosillo San Antonio Tx 78207	$72.43	water,sodas for Volunteers
05/19/03	Avenida Guadalupe	1327 Guadalupe St San Antonio, Tx 78207	$206.00	rental fee on 5/27/03
05/20/03	Munguia Printing	2201 Buena Vista San Antonio Tx 78207	$1,582.63	handouts & mailer
05/21/03	KEDA	510 S Flores St San Antonio, Tx 78207	$573.25	radio adds
05/21/03	Kinko's	4418 Broadway San Antonio Tx 78209	$199.03	printing flyers
05/21/03	PC Mailing Services	10711 Hillpoint Ste 100 San Antonio Tx 78217	$2,963.11	last flyer postage
05/22/03	HEB	108 N Rosillo San Antonio Tx 78207	$52.53	water,sodas for Volunteers
05/23/03	Gabriel Salazar	809 W Theo Ave San Antonio Tx 78230	$98.05	reimburse mail list, postage & ga
05/23/03	David H. Plylar	4218 Misty Glade San Antonio Tx 78247	$16.18	reimburse for paper
05/23/03	Lourdes Rodriguez	307 Paseo Del Rey San Antonio, Tx 78207	$22.00	reimburse for gas
05/23/03	Emilio Antu		$3.15	reimburse for copies
05/23/03	Easy Drive	906 Ruiz St San Antonio Tx 78207	$78.21	sign stakes
05/24/03	Guadalupanita Café	1310 El Paso San Antonio, Tx 78207	$35.00	Tacos for Vol. Block Walkers
05/24/03	Lourdes Rodriguez	307 Paseo Del Rey San Antonio, Tx 78207	$23.01	reimburse for gas
05/26/03	HEB	108 N Rosillo San Antonio Tx 78207	$25.00	food for 5/27/03 party
05/27/03	Office Depot	2321 S W Military Drive San Antonio Tx 78224	$66.26	office supplies
05/26/03	Ray Panaygue/La Prensa	320 S Flores St San Antonio Tx 78204	$25.00	duplication of CDs
05/26/03	HEB	108 N Rosillo San Antonio Tx 78207	$121.10	food for volunteers
05/26/03	Home Depot	2658 S W Military Dr San Antonio, Tx 78224	$165.53	stakes, staplers for 5/27/03
05/27/03	Amol's	710 S Flores St San Antonio, Tx 78204	$73.24	decorations for 5/27/03
05/27/03	HEB	108 N Rosillo San Antonio Tx 78207	$180.22	food for vol. Party
05/27/03	Ovidio Ramirez	1327 Guadalupe St San Antonio, Tx 78207	$60.00	Security for 5/27/03
06/02/03	Giovanni	913 S Brazos St San Antonio, Tx 78207	$118.00	Food for Run Off election night
05/29/03	Gabriel Salazar	809 W Theo Ave San Antonio Tx 78230	$1,250.00	field work - final campaign period
05/31/03	Attic Space	2155 S Laredo St San Antonio, Tx 78207	$584.00	sign storage
06/10/03	SBC	One SBC Center San Antonio Tx 78219	$62.64	phone
06/10/03	insufficient funds from Ronald Guyer		$104.00	
		TOTAL	**$10,294.57**	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

2003 JUL 15 PM 4:22

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: Patti Radle

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	8 Amount ($)
N/A	7 Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME: Patti Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
N/a		

8 Purpose of payment (See instructions regarding type of information required.)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name | Office sought | Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete 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

2 FILER NAME: Patti Radle

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
N/A		
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME: Patti Radle

3 ACCOUNT # (Ethics Commission filers): N/A

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
N/A		
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)
Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED