FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00056103 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Radiological Society PAC Date Received **ELECTRONICALLY FILED** 07/13/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 24165 IH-10 West, Date Hand-delivered or Date Postmarked Suite 217 #150 Change of Address San Antonio, TX 78257 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. I. Ray NAME NICKNAME LAST **SUFFIX** Kirk STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3756 Westerman STREET **ADDRESS** (Residence or Business) Houston, TX 77005 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3756 Westerman MAILING **ADDRESS** Houston, TX 77005 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 623-4070 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Radiological Soc	ciety PAC		0005610	03
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
		. орросси —		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	70,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	15,390.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	321,226.64
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Dr. I. F	Ray Kirk	
		Signature of Car	mpaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said _	, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of o	fficer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			VER SHEET	3 of 78
17 COMMITTE		18 Filer ID	(Ethics Commission	n Filers)
rexas Rai	diological Society PAC	00056103		
	E SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	70,400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	15,390.88
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	57,000.00
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	16.72

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	l	al pages Schedule A1: n: 1/47 Rpt: 4/78	
2	FILER NAME	la via al Cariata DAC			l	er ID (Ethics Commission	n Filers)
		logical Society PAC				056103	
4	Date 05/22/2023	5 Full name of contributor Alexander, Ryan (Dr.)6 Contributor address; City; St.	out-of-state PAC (ID#:)	7 Am	ount of Contribution (\$)	\$250.00
0	Dringing coop	Fort Worth, TX 76104-314 pation / Job title (See Instructions		Employer (See Instructions			
0	Radiologist	pation / Job title (See Instructions)	Radiology Associates of		Texas	
	Date 05/22/2023	Full name of contributor Andrews, Eric (Dr.) Contributor address; City; St	out-of-state PAC (ID#:)		ount of Contribution (\$)	\$250.00
		Dallas, TX 75208-0109					
	Principal occu Radiologist	pation / Job title (See Instructions		Employer (See Instructions RANT	5)		
	Date 05/22/2023	Full name of contributor Andrews, John (Dr.) Contributor address; City; St	out-of-state PAC (ID#:		Am	ount of Contribution (\$)	\$250.00
		Tyler, TX 75701-1832					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Radiologist			Tyler Radiologist Associ	iates		
	Date 05/22/2023	Full name of contributor Andring, Brice (Dr.) Contributor address; City; St	·)	Am	ount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions		Employer (See Instructions Radiology Associates of		Texas	
	Date 05/22/2023	Full name of contributor Anene M.D., Alvin (Dr.) Contributor address; City; St. Dallas, TX 75390-8896	out-of-state PAC (ID#:ate; Zip Code		Am	ount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions		Employer (See Instructions Radiology Associates of		Texas	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	otal pages Schedule A1: sch: 2/47 Rpt: 5/78	
2	FILER NAME				1	iler ID (Ethics Commissio	n Filers)
		logical Society PAC	_		<u> </u>	0056103	
4	Date 05/15/2023	5 Full name of contributor Annamalai, Palam (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7 A	mount of Contribution (\$)	\$50.00
_	Deinsinal case	Galveston, TX 77555-070		Frankrija (Coolingtin etione			
8	Radiologist	pation / Job title (See Instructions	9	Employer (See Instructions UTMB	S)		
	Date 05/22/2023	Full name of contributor Anne, Padma (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:)		mount of Contribution (\$)	\$250.00
		Houston, TX 77024-2137	,		<u> </u>		
	Radiologist	pation / Job title (See Instructions	;) 	Employer (See Instructions Virtual Radiologic Corpo		n	
	Date 05/22/2023	Full name of contributor Appel M.D., Noah (Dr.) Contributor address; City; St	out-of-state PAC (ID#:)	A	mount of Contribution (\$)	\$250.00
		Dallas, TX 75287					
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Radiology Associates o	•	h Texas	
	Date	Full name of contributor	out-of-state PAC (ID#:)		mount of Contribution (\$)	
	03/01/2023	Arbona M.D., Jose (Dr.) Contributor address; City; Si	ate; Zip Code				\$1,000.00
	Principal occu	Boerne, TX 78006-8487 pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
	Radiologist		,	South Texas Radiology		р	
	Date 05/15/2023	Full name of contributor Armstrong M.D., Ryan (D Contributor address; City; St Houston, TX 77005)	A	mount of Contribution (\$)	\$25.00
	Principal occu Radiologist	pation / Job title (See Instructions	s)	Employer (See Instructions West Houston Radiolog			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 3/47 Rpt: 6/78	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/22/2023	 5 Full name of contributor Armstrong M.D., Stephen 6 Contributor address; City; St)	7 Amount of Contribution (\$)	\$250.00
		Tyler, TX 75701				
8	Principal occu	pation / Job title (See Instructions	s) <u> </u>	Employer (See Instructions	s)	
	Radiologist			Tyler Radiology Associa	ates	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	05/22/2023	Aronson M.D., Stuart (Dr. Contributor address; City; St)			\$250.00
	Dringing Logo	Fort Worth, TX 76109		Employer/Coo Instructions		
	Radiologist	pation / Job title (See Instructions	b)	Employer (See Instructions Radiology Associates of		
	Date 05/22/2023	Full name of contributor Ashton, Daniel (Dr.) Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
		Katy, TX 77494-3890				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions) 3)	
	Radiologist			RANT		
	Date 05/22/2023	Full name of contributor Bageac, Alexandru (Dr.) Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions RANT	5)	
	Date 05/22/2023	Full name of contributor Barker, Brett (Dr.) Contributor address; City; St Texarkana, TX 75504-183			Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions	s)	Employer (See Instructions		
	Radiologist			Radiology Associates of	f North Texas	

	MONEI	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/47 Rpt: 7/78	
2	FILER NAME	Later Louisia Bao			3	Filer ID (Ethics Commission	n Filers)
		logical Society PAC				00056103	
4	Date 05/22/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75254-7625	-				
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Radiologist			Radiology Associates of	No	orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Becker, Justin (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-3146					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	No	orth Texas	
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_ Beckmann M.D., Nicholas (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77030-1501					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			UT Health Science Cent	er		
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_Blackburn Ph.D, Timothy (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75235)		Amount of Contribution (\$)	\$350.00
	Principal occu Physicist	pation / Job title (See Instructions)		Employer (See Instructions UTSW)		
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_Blanch, Robert (Dr.) Contributor address; City; State; Zip Code Denison, TX 75020-4584)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
			<u> </u>				

	MONET	ARY POLITICAL CONTRI	BUTION	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this form	n.	1	Total pages Schedule A1: Sch: 5/47 Rpt: 8/78	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date	—	e PAC (ID#:)	7	Amount of Contribution (\$)	
	03/01/2023	Boatsman M.D., Justin E. (Dr.)					\$1,000.00
		6 Contributor address; City; State; Zip Code					
_	Delinational	Alamo Heights, TX 78209	- 10	F	<u> </u>		
8	Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions		nun.	
	Raulologist			South Texas Radiology	GIC		
	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	#050.00
	05/22/2023	Bodiwala M.D., Ravi (Dr.)					\$250.00
		Contributor address; City; State; Zip Code					
		Southlake, TX 76092-1324					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associated of	f No	orth Texas	
	Date	Full name of contributor ut-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2023 Boolchand, Jayant (Dr.)						\$250.00
		Contributor address; City; State; Zip Code					
		Plano, TX 75093-3306					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Radiologist	,		RANT	,		
	Date	Full name of contributor out-of-state	PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/22/2023	Boothe, Ethan (Dr.)		,		(+)	\$250.00
		Contributor address; City; State; Zip Code			1		
		Fort Worth, TX 76104-3146					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Radiologist			RANT			
	Date	-	e PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2023	Boren M.D., Bryant (Dr.)					\$250.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75220-1949					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> s)		
	Radiologist	•		Radiology Associates of		orth Texas	
_							

	MONEI	ARY POLITICAL CON	IRIBUTION	S	SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forn	n.	1 Total pages Schedule A1: Sch: 6/47 Rpt: 9/78	
2	FILER NAME	logical Society PAC			3 Filer ID (Ethics Commission 00056103	Filers)
_						
4	Date 05/22/2023	 5 Full name of contributor ut- Bosemani M.D., Thangamadhan 6 Contributor address; City; State; Zip)	7 Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	3)	
	Radiologist			Radiology Associates of	f North Texas	
	Date 05/22/2023	Full name of contributor out- Bowman M.D., Rodney (Dr.) Contributor address; City; State; Zip	of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75209-6024				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)	
	Radiologist			Radiology Associates of	f North Texas	
	Date 03/01/2023	Full name of contributor out- Boys M.D., Gregory (Dr.) Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	2,000.00
		San Antonio, TX 78248-2426				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)	
	Radiologist			South Texas Radiology	Group	
	Date 05/22/2023	Full name of contributor out- Bressler M.D., Robert K. (Dr.) Contributor address; City; State; Zip Fort Worth, TX 76104	of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)	
	Radiologist			Radiology Associates of	f North Texas	
	Date 01/12/2023	Full name of contributor out- Brown, Stephen L. (Dr.) Contributor address; City; State; Zip Austin, TX 78765-9529	of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)	
	Radiologist			Austin Cancer Centers		
			,			

	MONEI	ARY POLITICAL CONTRIBU	HON	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 7/47 Rpt: 10/78	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 03/01/2023	 Full name of contributor uut-of-state PAC out-of-state PAC o	(ID#:)	7	Amount of Contribution (\$)	\$1,000.00
	Drivering	San Antonio, TX 78229	la la	Fundame (Constitution			
8	Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions		oup.	
	Radiologist			South Texas Radiology	GI	oup	
	Date 05/22/2023	Full name of contributor out-of-state PAC Bundy M.D., Scott A. (Dr.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC Butler, Ray (Dr.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76109-4726					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> 5)		
	Radiologist			RANT			
	Date 03/01/2023	Full name of contributor out-of-state PAC Bynum M.D., David W. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78232-3508	(ID#:)		Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			South Texas Radiology	Gr	oup	
	Date 05/22/2023	Full name of contributor out-of-state PAC (Caldwell M.D., Jason (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75204-5518	(ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	fΝ	orth Texas	

	MONEI	ARY POLITICAL CONTRIBUT	Or	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 8/47 Rpt: 11/78	
2	FILER NAME	Indical Conint DAG			3	Filer ID (Ethics Commission	n Filers)
_		logical Society PAC			L	00056103	
4	Date 05/22/2023	 5 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$250.00
•	Principal occu	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	la.	Employer (See Instructions			
0	Radiologist	pation / Job title (See Instructions)	9	RANT)		
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID Casolo M.D., B. James (Dr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$250.00
	Delevieral	Fort Worth, TX 76104-3146	_	Faralassa (Oasa Iradassatia ra	$\overline{\Gamma}$		
	Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID Chandler, Adam (Dr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76132-3750					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID Chaudry, Shoeb (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID Chen, Ying (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	#:			Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	5)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S	SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this form	1.	1 Total pages Schedule A1: Sch: 9/47 Rpt: 12/78	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/22/2023	5 Full name of contributor Chen M.D., Lee (Dr.)6 Contributor address; City; State;	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$250.00
•	Dringing aggr	Fort Worth, TX 76104	lo.	Employer (Coo Instructions)		
ŏ	Radiologist	pation / Job title (See Instructions)		Employer (See Instructions) Radiology Associates of		
				Tadiology Associates of		
	Date 05/22/2023	Full name of contributor Chilcoat, R. Gray (Dr.) Contributor address; City; State;	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-2224				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))	
	Radiologist			Radiology Associates of	North Texas	
	Date 05/22/2023	Full name of contributor Chilcoat M.D., Jill (Dr.) Contributor address; City; State;	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76132-4428				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist	,		Radiology Associates of		
	Date 05/22/2023	Full name of contributor Chuang M.D., Alex T. (Dr.) Contributor address; City; State; Dallas, TX 75230-3106	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions) Radiology Associates of		
	Date 05/22/2023	Full name of contributor Chuang M.D., Wendy (Dr.) Contributor address; City; State; Houston, TX 77008	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		
			·			

	MONEI	ARY POLITICAL CONTRIBUTION	ON	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/47 Rpt: 13/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 03/01/2023	 Full name of contributor	:)	7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78209-3630	T _a	5 1 (0 1 1 1			
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Radiologist			South Texas Radiology	Gr	oup, PA 	
	Date 05/22/2023	Full name of contributor	:			Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76109					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID# Conrad M.D., Jason A. (Dr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$250.00
		Mansfield, TX 76063-5480					
	Principal occu	pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u>l</u> ;)		
	Radiologist			Radiology Associates of		orth Texas	
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID# Courtines, Michel-Alexis (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78258	:)		Amount of Contribution (\$)	\$500.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Audie Murphy VA Hospi		Imaging	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID# Crandall M.D., Benjamin (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	:)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
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	MONEI	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 11/47 Rpt: 14/78	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 03/13/2023	5 Full name of contributorCrow M.D., Keith A. (Dr.)6 Contributor address; City; St.	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78249-20	080				
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	<u></u> 5)		
	Radiologist			South Texas radiology (Gro	up, PA	
	Date 05/22/2023	Full name of contributor Crowhurst M.D., Brian (Dr Contributor address; City; St				Amount of Contribution (\$)	\$250.00
		Dallas, TX 75206-6035					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Radiologist			Radiology of North Texa	as		
	Date 05/22/2023	Full name of contributor Crum , Charles (Dr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Radiologist			RANT			
	Date 03/13/2023	Full name of contributor Dalrymple, Neal C. (Dr.) Contributor address; City; St. Helotes, TX 78023	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	Radiologist			South Texas Radiology	Gr	oup	
	Date 05/22/2023	Full name of contributor David, James K. (Dr.) Contributor address; City; St. Fort Worth, TX 76132	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions)	Employer (See Instructions			
	Radiologist			Radiology Associates of	f No	orth Texas	

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 12/47 Rpt: 15/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/22/2023	 5 Full name of contributor DeQuesada, Ivan (Dr.) 6 Contributor address; City; St 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
_		Fort Worth, TX 76104-314					
8		pation / Job title (See Instructions) 9	Employer (See Instructions		odle Tarres	
	Radiologist			Radiology Associates of	TINC	orth Texas	
	Date 05/22/2023	Full name of contributor Donepudi M.D., Jyotsna (I Contributor address; City; St)		Amount of Contribution (\$)	\$250.00
		Colleyville, TX 76034-366	3				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 05/22/2023	Full name of contributor Du, Tuan (Dr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Radiologist			RANT			
	Date 05/22/2023	Full name of contributor Duvall, Charles (Dr.) Contributor address; City; St Longview, TX 75605	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions RANT	5)		
	Date 05/22/2023	Full name of contributor Dyke M.D., Allen (Dr.) Contributor address; City; St Fort Worth, TX 76104-314)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiology	pation / Job title (See Instructions		Employer (See Instructions Radiology Associates of		orth Texas	
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	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1 Total pages Schedule A1: Sch: 13/47 Rpt: 16/78	
2	FILER NAME				3 Filer ID (Ethics Commission	r Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/22/2023	5 Full name of contributor Eckert, Scott (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$250.00
•	Dringing aggr	Tyler, TX 75701		D. Employer/Coo Instructions		
8	Radiologist	pation / Job title (See Instructions	5)	9 Employer (See Instructions Tyler Radiology Associa		
				Tyler Radiology Associa		
	Date 05/22/2023	Full name of contributor Eickenhorst M.D., Daniel Contributor address; City; S)	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-31	46			
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	;)	
	Radiologist			Radiology Associates of	North Texas	
	Date 05/22/2023	Full name of contributor Enriquez, Jose (Dr.) Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
		Odessa, TX 79765				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> 	
	Radiologist			RANT	,	
	Date 05/22/2023	Full name of contributor Erwin , David (Dr.) Contributor address; City; S Longview, TX 75601	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	;)	
	Radiologist			Tyler Radiology Associa	ites	
	Date 05/22/2023	Full name of contributor Ethridge M.D., Kristen (D Contributor address; City; S Fort Worth, TX 76104-31	tate; Zip Code)	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)	
	Radiologist			Radiology Associates of	North Texas	

	MONEI	ARY POLITICAL CONTRIBU	HON	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 14/47 Rpt: 17/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		logical Society PAC				00056103	
4	Date 05/15/2023	 Full name of contributor ut-of-state PAC (Evans, Nanette (Dr.) Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$100.00
_	Dinainala	Stephenville, TX 76401-1358	- la	Familiary (Conditional institution			
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Radiologist			Cross Timbers Radiolog	ly		
	Date 05/22/2023	Full name of contributor out-of-state PAC (Evans M.D., John (Dr.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76126-1906					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Radiology			Radiology Associates of	No	orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (Fierke, Shelby R. (Dr.) Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Radiologist			Radiology Associates of	No	orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (Fiesta M.D., Matthew (Dr.) Contributor address; City; State; Zip Code Fort Worht, TX 76107-1726	(ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Radiologist			Radiology Associates of	No	orth Texas, PA	
	Date 05/22/2023	Full name of contributor out-of-state PAC (Froberg M.D., Kevin P. (Dr.) Contributor address; City; State; Zip Code Colleyville, TX 76034-6618	(ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	No	orth Texas	
			•				

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 15/47 Rpt: 18/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/22/2023	5 Full name of contributorGalante M.D., Nicholas (D6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75205					
8		pation / Job title (See Instructions) 9	Employer (See Instructions			
	Radiologist			Radiology of North Texa	เร		
	Date 05/22/2023	Full name of contributor Garmer M.D., D. Joe (Dr.) Contributor address; City; St				Amount of Contribution (\$)	\$250.00
		Dallas, TX 75208-2338					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f N	orth Texas	
	Date 05/22/2023	Full name of contributor Geppert, Stephen (Dr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-314	16				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Radiologist			Radiology Associates of	f N	orth Texas	
	Date 05/22/2023	Full name of contributor Gerstle, Ronald (Dr.) Contributor address; City; St Fort Worth, TX 76132-375	·			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 05/22/2023	Full name of contributor Giles, Brian (Dr.) Contributor address; City; St Fort Worth, TX 76104-314)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions		Employer (See Instructions RANT)		

	MONEI	ARY POLITICAL CONTRIBUTION	אכ	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	forı	m.	1	Total pages Schedule A1: Sch: 16/47 Rpt: 19/78	
2	FILER NAME Texas Radio	logical Society PAC			3	Filer ID (Ethics Commission 00056103	n Filers)
4	Date 05/22/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Gongidi, Preelam (Dr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu Radiologist	Fort Worth, TX 76107 pation / Job title (See Instructions)	9	Employer (See Instructions RANT	5)		
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Graham, Timothy (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	Longview, TX 75604 pation / Job title (See Instructions)		Employer (See Instructions RANT	5)		
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_Granaghan M.D., Richard (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76109-1031 pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			Radilogy associates of N	Vor	th Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_Gray M.D., John (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146				Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_Gregory M.D., William (Dr.) Contributor address; City; State; Zip Code Colleyville, TX 76034-4244				Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	

	MONEI	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to cor	mplete this form	n.	1	Total pages Schedule A1: Sch: 17/47 Rpt: 20/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		logical Society PAC				00056103	
4	Date 05/22/2023	 5 Full name of contributor	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75205					
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions RANT)		
	Date 06/22/2023	Gurian, John H. (Dr.) Contributor address; City; State; Zip (of-state PAC (ID#:			Amount of Contribution (\$)	\$450.00
	Deinsinal assu	San Antonio, TX 78229-0441		Franksian (Cook both setions	<u>, </u>		
	Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup, PA	
	Date 05/22/2023	Full name of contributor out-on thall, Jeremy (Dr.) Contributor address; City; State; Zip (of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-3146					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT)		
	Date 05/22/2023	Full name of contributor out-on thall M.D., Katherine (Dr.) Contributor address; City; State; Zip of Dallas, TX 75220-2134	of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/22/2023	Full name of contributor out-o Hamilton M.D., Clint D. (Dr.) Contributor address; City; State; Zip (Dallas, TX 75254-7647	of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
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	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 18/47 Rpt: 21/78	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		logical Society PAC			L	00056103	
4	Date 05/22/2023	 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$250.00
		Sherman, TX 75092	٦,				
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions RANT	5)		
	Date 05/22/2023	Full name of contributor	#:)		Amount of Contribution (\$)	\$250.00
		Mansfield, TX 76063-5063			<u></u>		
	Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates o		orth Texas	
	Date 05/22/2023	Full name of contributor	#:)		Amount of Contribution (\$)	\$250.00
		Aledo, TX 76008					
		pation / Job title (See Instructions)		Employer (See Instructions		orth Toyon	
	Radiologist			Radiology Associates o	1 1 1 1		
	Date 03/13/2023	Full name of contributor out-of-state PAC (ID Healy, Mark E. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78229	#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup, PA	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID Heasley, David (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75225-7006	#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
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	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 19/47 Rpt: 22/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	ological Society PAC				00056103	
4	Date 06/22/2023	 Full name of contributor Hendrick, Eric. P. (Dr.) Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_		San Antonio, TX 78231-1					
8		pation / Job title (See Instructions	9	Employer (See Instructions			
	Radiologist			South Texas Radiology	Gr	oup 	
	Date 05/15/2023	Full name of contributor Herrmann, Stephen (Dr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Houston, TX 77006					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Radiologist			Houston Radiology Ass	ocia	ated	
	Date 05/22/2023	Full name of contributor Hill, Michael (Dr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Texarkana, TX 75503					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
	Radiologist		,	RANT	,		
	Date 05/22/2023	Full name of contributor Hobbs, George (Dr.) Contributor address; City; S Colleyville, TX 76034	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions	3)	Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/22/2023	Full name of contributor Horstman M.D., William C Contributor address; City; S Fort Worth, TX 76104)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions	(3)	Employer (See Instructions Radiology Associates of		orth Texas	

	MONEI	ARY POLITICAL CONTRIBUTION	JN	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this 1	forı	m.	1	Total pages Schedule A1: Sch: 20/47 Rpt: 23/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/22/2023	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
0	Dringing conu	Fort Worth, TX 76116-0697 pation / Job title (See Instructions)	lo.	Employer (See Instructions			
ō	Radiologist	pation / Job title (See Instructions)	9	Radiology Associates of		orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Hussain, Saad (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-3146					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	i)		
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Hwang M.D., Pamela (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76107					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	No	orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Hyde M.D., Matthew (Dr.) Contributor address; City; State; Zip Code Allen, TX 75002-7319				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Radiologist			Radiology Associates of	N	orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Hyman, Benjamin (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		

	MONEI	ARY POLITICAL COI	NIRIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	ı	Fotal pages Schedule A1: Sch: 21/47 Rpt: 24/78	
2	FILER NAME				ı	Filer ID (Ethics Commission	r Filers)
	Texas Radio	logical Society PAC			<u> </u>	00056103	
4	Date 05/22/2023	 5 Full name of contributor	·)	7 /	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Radiologist			Radiology Associates of		th Texas	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2023	Jancowski M.D., Luis A. (Dr.) Contributor address; City; State; 2				(,)	\$250.00
		Frisco, TX 75034-2666					
		pation / Job title (See Instructions)		Employer (See Instructions		th Toyas	
	Radiologist			Radiology Associates of	_		
	Date 05/22/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code)	<i>'</i>	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-3146					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Radiologist			RANT			
	Date 05/22/2023	Full name of contributor Grand	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	s)		
	Date 05/22/2023	Full name of contributor	out-of-state PAC (ID#:)	,	Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		th Texas	
			·				

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 22/47 Rpt: 25/78	
2	FILER NAME	logical Society PAC			3 Filer ID (Ethics Commission 00056103	n Filers)
_			<u> </u>			
4	Date 05/15/2023	5 Full name of contributorJohn, Susan (Dr.)6 Contributor address; City; Si	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$250.00
	Drive in all account	Houston, TX 77030-1503		2. Euroleus (Carlos Institution		
8		pation / Job title (See Instructions	5)	Employer (See Instructions		
	Radiologist			UT Health Science Cen	ter	
	Date 05/15/2023	Full name of contributor Karnaze, Greg C. (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
		Austin, TX 78759-5873				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)	
	Radiologist			ARA		
	Date 05/22/2023	Full name of contributor Kayser M.D., Scott (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
		Keller, TX 76248-8489				
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	s)	
	Radiologist			Radiology Associates of	f North Texas	
	Date 05/22/2023	Full name of contributor Ketkar, Manoj (Dr.) Contributor address; City; Si Fort Worth, TX 76104-314			Amount of Contribution (\$)	\$250.00
	Principal occu	nation / Job title (See Instructions		Employer (See Instructions	 S)	
	Radiologist	(<i>'</i>	Radiology Associates of		
	Date	Full name of contributor	D and of state BAC (ID)			
	05/15/2023	Khasgiawala, Vaibhev (Di Contributor address; City; Si Dallas, TX 75230			Amount of Contribution (\$)	\$250.00
	Principal occu	nation / Job title (See Instructions	s)	Employer (See Instructions	s)	
	Radiologist			Texas Radiology Assoc		
			1			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/47 Rpt: 26/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	ological Society PAC				00056103	
4	Date 05/22/2023	5 Full name of contributor Kilgore M.D., David (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
0	Principal occu	Fort Worth, TX 76104-314 pation / Job title (See Instructions		Employer (See Instructions			
ō	Radiologist	pation / Job title (See instructions)	Texas Neuroradiology, I			
		I		Texas Neuroradiology, i			
	Date 05/22/2023	Full name of contributor Kim, Won (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Irving, TX 75038-6254					
		pation / Job title (See Instructions	s)	Employer (See Instructions		at T	
	Radiologist			Radiology Associates of	t No	orth Texas	
	Date 05/22/2023	Full name of contributor Kirby, Matthew (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75231					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
	Radiologist	(,	Radiology Associates of		orth Texas	
	Date 05/15/2023	Full name of contributor Kirk, I. Ray (Dr.) Contributor address; City; Si Houston, TX 77005	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions Kirk Ventures PLLC	s)		
	Date 05/22/2023	Full name of contributor Kogan M.D., James (Dr.) Contributor address; City; Si Southlake, TX 76092-942				Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions	(3)	Employer (See Instructions Radiology Associates of		orth Texas	
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	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 24/47 Rpt: 27/78	=
2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
		logical Society PAC			L	00056103	
4	Date 01/12/2023	5 Full name of contributor ☐ out-of-state PAC (ID# Kommula, Nita (Dr.) 6 Contributor address; City; State; Zip Code	#:)	7	Amount of Contribution (\$) \$25.00)
0	Dringing Logov	Houston, TX 77027	<u> </u>	Employer (Coo Instructions			
8	Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions Baylor College of Medic			
		-			1110		=
	Date 03/13/2023	Full name of contributor out-of-state PAC (ID# Kruger M.D., Ariel (Dr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$) \$1,000.00)
		San Antonio, TX 78209					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			South Texas Radiology	Gr	oup	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID# Kuenstler M.D., Kristi M. (Dr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$) \$250.00)
		Fort Worth, TX 76108-9202					
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u></u>		_
	Radiologist			Radiology Associates of	f N	orth Texas	
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID# Kwon, Jeannie (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75024-3214	#:			Amount of Contribution (\$) \$100.00	=)
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern Medic		Center at Dallas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID# Labor M.D., Penny (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	#:)		Amount of Contribution (\$) \$250.00)
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates o		orth Texas	_
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	MONEI	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	to complete this forr	n.	ı	Total pages Schedule A1: Sch: 25/47 Rpt: 28/78	
2	FILER NAME	la ria di Cariata DAC			ı	Filer ID (Ethics Commission	n Filers)
		logical Society PAC	_			00056103	
4	Date 05/22/2023	5 Full name of contributor [Lacy M.D., Joe N. (Dr.)6 Contributor address; City; State	out-of-state PAC (ID#:te; Zip Code)	7	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76109					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Radiologist			Radiology Associates of	f No	rth Texas	
	Date 05/22/2023	Full name of contributor Leifer M.D., David (Dr.) Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75254-8603					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Radiologist			Radiology Associates of	f No	rth Texas	
	Date 05/22/2023	Full name of contributor Leihgeber, Timothy (Dr.) Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$250.00
		Tyler, TX 75701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Radiologist			Tyler Radiology Associa	ates		
	Date 05/22/2023	Full name of contributor Llave , Alfred (Dr.) Contributor address; City; Stat Tyler, TX 75703	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Tyler Radiology Associa			
	Date 05/22/2023	Full name of contributor Lobo M.D., Stephen (Dr.) Contributor address; City; Stat)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		rth Texas	
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	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	I	Total pages Schedule A1: Sch: 26/47 Rpt: 29/78	
2	FILER NAME				3 [Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			(00056103	
4	Date 05/22/2023	 5 Full name of contributor Lopez M.D., Victor (Dr.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#:		7 /	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-314					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Radiologist			Radiology Associates of	f Nor	th Texas	
	Date 05/22/2023	Full name of contributor Lowe, James (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Longview, TX 75605					
		pation / Job title (See Instructions))	Employer (See Instructions			
	Radiologist			Tyler Radiology Associa	ates		
	Date 01/12/2023	Full name of contributor Lowry M.D., William (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76110-101	7				
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions	<u>I </u>		
	Radiologist			Radiology Associates of	f Nor	th Texas	
	Date 05/15/2023	Full name of contributor Lowry M.D., William (Dr.) Contributor address; City; Sta	·			Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		th Texas	
	Date 05/22/2023	Full name of contributor Lowry M.D., William (Dr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		th Texas	

	MONEI	ARY POLITICAL CON	SCHEDULE A1				
	The Instru	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 27/47 Rpt: 30/78	
2	FILER NAME	logical Society DAC			3	Filer ID (Ethics Commission 00056103	n Filers)
_		logical Society PAC			_		
4	Date 05/22/2023	 Full name of contributor out- Lucas, Joshua (Dr.) Contributor address; City; State; Zip 	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-3146					
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions RANT	<u>)</u>		
	Date 03/13/2023	Full name of contributor	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78258					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Radiology			South Texas Radiology	Gro	oup	
	Date 05/22/2023	Full name of contributor out- Macha, Douglas (Dr.) Contributor address; City; State; Zip	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104					
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			Radiology Associates of	No	orth Texas	
	Date 05/22/2023	Full name of contributor out- Martin, Joshua (Dr.) Contributor address; City; State; Zip Fort Worth, TX 76104-3146	of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	5)		
	Date 05/22/2023	Full name of contributor out- McCaslin, Justin (Dr.) Contributor address; City; State; Zip Fort Worth, TX 76104-3146	of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	<u> </u>		
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	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orm.		1	Total pages Schedule A1: Sch: 28/47 Rpt: 31/78		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Texas Radio	logical Society PAC				00056103		
4	Date 05/22/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00	
		Fort Worth, TX 76109						
8	Principal occu		9 E	mployer (See Instructions)			
	Radiologist	,		adiology Associates of		orth Texas		
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ McGee, Thomas (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00	
		Fort Worth, TX 76104-3146						
	Principal occu Radiologist	pation / Job title (See Instructions)		mployer (See Instructions ANT)			
	Date 05/22/2023	Full name of contributor				Amount of Contribution (\$)	\$250.00	
		Texarkana, TX 75501-5175						
		pation / Job title (See Instructions)	E	mployer (See Instructions)			
	Radiologist		R	ANT				
	Date 05/22/2023	Full name of contributor)		Amount of Contribution (\$)	\$250.00	
	Principal occu Radiologist	pation / Job title (See Instructions)		mployer (See Instructions adiology Associates of		orth Texas		
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_ Menendez M.D., Isabel (Dr.) Contributor address; City; State; Zip Code Aransas Pass, TX 78374				Amount of Contribution (\$)	\$100.00	
	Principal occu Radiologist	pation / Job title (See Instructions)		mployer (See Instructions are Regional Medical (nter		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS	SCHEDUL	E A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 29/47 Rpt: 32/78			
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)		
	Texas Radio	logical Society PAC			00056103			
4	Date 05/15/2023	Full name of contributorMikus M.D., John (Dr.)Contributor address; City; St	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$100.00		
_		Victoria, TX 77904-1137						
8		pation / Job title (See Instructions	9	Employer (See Instructions				
	Radiologist			Crossroads Diagnostic I	imaging ·			
	Date 05/22/2023	Full name of contributor Miller, III, Carl (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00		
		Fort Worth, TX 76104						
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)			
	Radiologist			Radiology Associates of	f North Texas			
	Date 05/22/2023	Full name of contributor Miller, Jon (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00		
		Keller, TX 76248						
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u> 			
	Radiologist	(<i>'</i>	Radiology Associates of				
	Date 05/22/2023	Full name of contributor Mitchell, C. Matthew (Dr.) Contributor address; City; Si Fort Worth, TX 76126	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00		
		pation / Job title (See Instructions	5)	Employer (See Instructions				
	Radiologist			Radiology Associates of				
	Date 05/22/2023	Full name of contributor Moate M.D., Michelle (Dr. Contributor address; City; Si Coppell, TX 75019-4525	·)	Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)			
	Radiologist			Radiological Consultant	s Association			

	MONEI	ARY POLITICAL CO	DNIRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	o complete this forn	n.	ı	Total pages Schedule A1: Sch: 30/47 Rpt: 33/78	
2	FILER NAME				ı	Filer ID (Ethics Commission	n Filers)
		logical Society PAC			₩	00056103	
4	Date 05/22/2023	5 Full name of contributor Murray M.D., Robert (Dr.)6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$250.00
		Fredericksburg, TX 78624-6					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Radiologist			South Texas Radiology	Gro	up 	
	Date 05/22/2023	Full name of contributor Niehus, Joe (Dr.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$250.00
		Sherman, TX 75090-5243					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	s)		
	Date 05/22/2023	Full name of contributor Oliver M.D., Qian (Dr.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104-3146					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Radiologist			Radiology Associates of	f No	rth Texas	
	Date 03/13/2023	Full name of contributor Orsi M.D., Michael (Dr.) Contributor address; City; State San Antonio, TX 78232-282)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		up	
	Date 05/22/2023	Full name of contributor Page M.D., Christine (Dr.) Contributor address; City; State Dallas, TX 75229-3806	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		rth Texas	

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 31/47 Rpt: 34/78		
2	FILER NAME	logical Society DAC			3	Filer ID (Ethics Commission	n Filers)	
		logical Society PAC			L	00056103		
4	Date 05/22/2023	 5 Full name of contributor out-of-state PAG Pak M.D., James P. (Dr.) 6 Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$250.00	
		Fort Worth, TX 76104						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Radiologist			Radiology Associates of	f N	orth Texas		
	Date	Full name of contributor out-of-state PAG	C (ID#:)	Π	Amount of Contribution (\$)		
	03/13/2023	Pallan M.D., Pablo (Dr.)	O (ID#	<i></i>		7 anount of Continuation (4)	\$250.00	
	00/10/2020						Ψ200.00	
		Contributor address; City; State; Zip Code						
		San Antonio, TX 78256-1666						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Radiologist			South Texas Radiology	Gr	oup		
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)		
	05/22/2023	Papasozomenos M.D., Harry (Dr.)					\$250.00	
		Contributor address; City; State; Zip Code						
		Houston, TX 76104-3146						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Radiologist			Radiology Associates of	f N	orth Texas		
	Date	Full name of contributor out-of-state PAG	C (ID#:)	П	Amount of Contribution (\$)		
	05/15/2023	Parikh M.D., Jay (Dr.) Contributor address; City; State; Zip Code				,	\$100.00	
		Houston, TX 77030						
		pation / Job title (See Instructions)		Employer (See Instructions				
	Radiologist			UT MD Anderson Cente	r			
	Date	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)		
	05/22/2023	Patel, Pulin (Dr.)					\$250.00	
		Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Radiologist			RANT				
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	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Sch: 32/47	Schedule A1: Rpt: 35/78	
2	FILER NAME				3 Filer ID (E	thics Commission	on Filers)
	Texas Radio	logical Society PAC			00056103		
4	Date 03/13/2023	5 Full name of contributor Patel M.D., Dipan (Dr.) 6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7 Amount of C	Contribution (\$)	\$1,000.00
		Shavano Park, TX 78230-					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Radiologist			South Texas Radiology	Group		
	Date 05/22/2023	Full name of contributor Pettibon, Keith (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of C	Contribution (\$)	\$250.00
		Fort Worth, TX 76104					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiology			Radiology Associates of	f North Texas		
	Date 05/22/2023	Full name of contributor Phelps, Charles (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		Amount of C	Contribution (\$)	\$250.00
		Fort Worth, TX 76104-3146					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Radiologist			RANT			
	Date 05/22/2023	Full name of contributor Phelps M.D., David (Dr.) Contributor address; City; Sta	·		Amount of C	Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of			
	Date 05/22/2023	Full name of contributor Pilat M.D., Martin (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount of C	Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of			
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	MONEI	ARY POLITICAL CO	NIRIBUTION	S	SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	1.	1 Total pages Schedule A1: Sch: 33/47 Rpt: 36/78	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/22/2023	 Full name of contributor Pond M.D., Jason (Dr.) Contributor address; City; State; 	out-of-state PAC (ID#: Zip Code		7 Amount of Contribution (\$)	\$250.00
		Dallas, TX 75390				
8		pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	North Texas	
	Date 05/22/2023	Full name of contributor Prokell M.D., Peter (Dr.) Contributor address; City; State;	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
		Aledo, TX 76008-5817				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	North Texas	
	Date 05/22/2023	Full name of contributor Putegnat M.D., Burton (Dr.) Contributor address; City; State;	out-of-state PAC (ID#: Zip Code		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76109				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	North Texas	
	Date 05/22/2023	Full name of contributor Quadeer M.D., Rahman (Dr.) Contributor address; City; State; Southlake, TX 76092	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	North Texas	
	Date 05/22/2023	Full name of contributor Queralt M.D., John (Dr.) Contributor address; City; State; Fort Worth, TX 76104	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	North Texas	
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	MONEI	ARY POLITICAL (CONTRIBUTIO	NS			SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orm		1	Total pages Schedule A1: Sch: 34/47 Rpt: 37/78	
2	FILER NAME Texas Radio	logical Society PAC				3	Filer ID (Ethics Commission 00056103	n Filers)
4	Date 05/22/2023	5 Full name of contributor Qureshi, Jawad (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			7	Amount of Contribution (\$)	\$250.00
8	Principal occu Radiologist	Fort Worth, TX 76104-31 pation / Job title (See Instruction			Employer (See Instructions	5)		
	Date 05/22/2023	Full name of contributor Ramirez, Justin (Dr.) Contributor address; City; S Fort Worth, TX 76104-31					Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instruction:			Employer (See Instructions	5)		
	Date 05/22/2023	Full name of contributor Reading, David (Dr.) Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
	Principal occu	Fort Worth, TX 76104 pation / Job title (See Instruction:	s)	 	Employer (See Instructions) 		
	Radiology	patient, cos title (coe metracion	-)		Radiology Associates of	•	orth Texas	
	Date 02/16/2023	Full name of contributor Reading, Jared (Dr.) Contributor address; City; S Uvalde, TX 78801	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu Radiologist	pation / Job title (See Instruction	5)		Employer (See Instructions Jvalde Memorial Hospit			
	Date 05/22/2023	Full name of contributor Reeb, Jr. M.D., Robert J. Contributor address; City; S Fort Worth, TX 76104)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instruction:	5)		Employer (See Instructions Radiology Associates of		orth Texas	

	MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1	
	The Instru	ction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: Sch: 35/47 Rpt: 38/78	
2	FILER NAME	ological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103	
4		- <u> </u>	DAG (ID)		
4	Date 05/22/2023	Reese M.D., William G. (Dr.)		7 Amount of Contribution (\$) \$250.	00
		6 Contributor address; City; State; Zip Code	3		
		Fort Worth, TX 76104			
8	Principal occu Radiologist	upation / Job title (See Instructions)	9 Employer (See Instructions Radiology Associates of		
	Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of Contribution (\$)	_
	05/22/2023	Reuter, Robert (Dr.)		\$250.	00
		Contributor address; City; State; Zip Code	9		
		Fort Worth, TX 76104			
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	_
	Radiologist		Radiology Associates of		
	Date	Full name of contributor out-of-state	te PAC (ID#:)	Amount of Contribution (\$)	_
	05/22/2023	Riepe M.D., David (Dr.)		\$250.	00
		Contributor address; City; State; Zip Code	:		
		Fort Worth, TX 76104			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	•	
	Radiologist		Radiology Associates of	North Texas	
	Date	Full name of contributor out-of-state	te PAC (ID#:)	Amount of Contribution (\$)	
	05/22/2023	Rizer, Magda (Dr.)		\$250.	00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76104-3146			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	_
	Radiologist	,	RANT	,	
	Date	Full name of contributor out-of-state	te PAC (ID#:	Amount of Contribution (\$)	_
	05/22/2023	Sacks, Justin (Dr.)	,	\$250.	00
		Contributor address; City; State; Zip Code	······································		
		Fort Worth, TX 76104-3146			
	•	upation / Job title (See Instructions)	Employer (See Instructions)	
	Radiologist		RANT		

	MONEI	ARY POLITICAL CONTRIBUTION	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 36/47 Rpt: 39/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/22/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
Ω	Principal occu	Fort Worth, TX 76104 pation / Job title (See Instructions)	Ια	Employer (See Instructions			
0	Radiologist	pation 7 300 title (See instructions)	9	Radiology Associates of		orth Texas	
	Date 03/13/2023	Full name of contributor out-of-state PAC (ID#:_ Sandoval M.D., Kenneth A. (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Humble, TX 77346					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist South Texas Radiology		gro	oup, PA 			
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Schniederjan M.D., Jospeh (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76109-4632					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist	, ,		Radiology Associates of		orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_Schoppe M.D., Kurt (Dr.) Contributor address; City; State; Zip Code Grapevine, TX 76051-1104)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	No	orth Texas	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_Schultz M.D., Greg (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	No	orth Texas	

	MONEI	ARY POLITICAL CONTRIL	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 37/47 Rpt: 40/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/22/2023	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76109					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Radiologist			Radiology Associates of		orth Texas	
	Date	Full name of contributor out-of-state	PAC (ID#)		Amount of Contribution (\$)	
	05/15/2023	Selouan, Roger (Dr.) Contributor address; City; State; Zip Code				Amount of Contabution (4)	\$50.00
		Houston, TX 77030					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			Houston Radiology Asso	ocia	ited	
	Date 05/22/2023	Full name of contributor out-of-state Sensarma M.D., Anirban (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas, PA	
	Date 05/22/2023	Full name of contributor out-of-state Shahin M.D., Islam (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions)		Employer (See Instructions		41. T	
	Radiologist			Radiology Associates of	r inc	orth Texas, PA	
	Date 05/22/2023	Full name of contributor out-of-state Sharatz M.D., Steven (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76110-1701	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			Radiology Associates of	f No	orth Texas	

	MONEI	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/47 Rpt: 41/78
2	FILER NAME Texas Radio	logical Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4	Date 05/15/2023	 Full name of contributor)	7 Amount of Contribution (\$) \$250.00
8		San Antonio, TX 78236-5300 pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Padiologist Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_Sherry M.D., Cynthia S. (Dr.) Contributor address; City; State; Zip Code	USAF	Amount of Contribution (\$) \$100.00
	Principal occu Radiologist	Dallas, TX 75230-5219 pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates o	
	Date 03/01/2023	Full name of contributor out-of-state PAC (ID#:_Silva III M.D., Ezequiel (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78212-2303 pation / Job title (See Instructions)	Employer (See Instructions	
	Padiologist Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_Singh, Achint (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78229-3901	South Texas Radiology	Group, PA Amount of Contribution (\$) \$100.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions UT Health Science Cen	
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_Singh, Digvijay (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)	Amount of Contribution (\$) \$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions RANT	;)

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/47 Rpt: 42/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		logical Society PAC	_		┖	00056103	
4	Date 05/22/2023	5 Full name of contributor Singh, Kanwar (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
0	Principal occu	Fort Worth, TX 76104-31-		Employer (See Instruction			
0	Radiologist	pation / Job title (See instructions	5)	RANT	5)		
	Date 05/22/2023	Full name of contributor Smith, Scott (Dr.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104					
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instruction Radiology Associates of the control of t		orth Toyas	
					// IN		
	Date 05/15/2023	Full name of contributor Spence M.D., Susanna (I Contributor address; City; S				Amount of Contribution (\$)	\$250.00
		Southlake, TX 76092					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	 s)		
	Radiologist			UT Health Science Cer			
	Date 05/22/2023	Full name of contributor Spindle, Preston (Dr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Denison, TX 75020 pation / Job title (See Instructions	2)	Employer (See Instruction	e)		
	Radiologist	pation 7 300 title (See Instructions	5)	RANT	3)		
	Date 05/22/2023	Full name of contributor Starkey M.D., Kelly (Dr.) Contributor address; City; S Fort Worth, TX 76104-31				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instruction	s)		
	Radiologist			Radiology Associates of	of N	orth Texas	

	MONEI	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 40/47 Rpt: 43/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 06/22/2023	 5 Full name of contributor uut-of-state PAC (ID#:_ Stoll, John F. (Dr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78232-2902					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Radiologist			South Texas Radiology	Gr	oup	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/15/2023	Suri M.D., Rajeev (Dr.)					\$1,500.00
		Contributor address; City; State; Zip Code					
		Shavano Park, TX 78231-1428					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Radiologist			UT Health Science Cen	er		
Date Full name of contributor out-of-state PAC		Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/22/2023	Thomas M.D., John W. (Dr.)					\$1,000.00
		Contributor address; City; State; Zip Code					
		San Antonio, TX 78232-3508			Ĺ		
	•	pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			South Texas Radiology	Gr	oup	
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/22/2023	Tibbetts M.D., Todd A. (Dr.)					\$1,000.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist	pation / oob title (oce instructions)		South Texas Radiology		auc	
		Full name of contributor					
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Tindall, Bronson (Dr.))		Amount of Contribution (\$)	\$250.00
	03/22/2023						Ψ230.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76104-3146					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Radiologist	,		RANT	,		
_	-	<u>l</u>					

	MONEI	ETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 41/47 Rpt: 44/78			
2	FILER NAME	logical Society PAC			3	Filer ID (Ethics Commission 00056103	n Filers)		
_			_		L				
4	Date 05/22/2023	 5 Full name of contributor [Toliyat, Mohammad (Dr.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00		
_		Fort Worth, TX 76104-3140							
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions RANT	i)				
	Date 05/15/2023	Full name of contributor Tornow, Kelly (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00		
		Dallas, TX 75390							
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern	5)				
	Date 05/22/2023	Full name of contributor Trippe, Douglas (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$250.00		
		Texarkana, TX 75503-1140	0						
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions	()				
	Date 05/22/2023	Full name of contributor Umair, Mohammad (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$250.00		
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas			
	Date 05/15/2023	Full name of contributor Vasan, Vasantha (Dr.) Contributor address; City; Sta Dallas, TX 75390-9178	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00		
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Georgetown University I		dical Center			
			·						

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 42/47 Rpt: 45/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 01/12/2023	 5 Full name of contributor Venkatesan M.D., Aradhai 6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77025					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	 5)		
	Radiologist			UT MD Anderson Cance	er C	Center	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	05/22/2023	Wachsmann, Jason (Dr.)		,		(1)	\$250.00
	00/22/2020	Contributor address; City; Sta	ete: 7in Code				Ψ200.00
		Contributor address, City, Ste	ate, Zip Code				
		Fort Worth, TX 76104-314	6				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			RANT			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2023	Wajid, Haq (Dr.)					\$250.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Fort Worth, TX 76104-314					
	•	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Radiologist			RANT			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2023	Walker, Roger (Dr.)					\$250.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Fort Worth, TX 76104					
		pation / Job title (See Instructions))	Employer (See Instructions	•		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2023	Walkiewicz M.D., Thomas	(Dr.)				\$250.00
		Contributor address; City; Sta	ate; Zip Code				
		D. II TV 75040 0044					
	Delin 1 1	Dallas, TX 75248-2241		Francisco (O. J. i. i.	<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			RANT			

	MONEI	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 43/47 Rpt: 46/78
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Radio	logical Society PAC		00056103
4	Date 05/22/2023	 Full name of contributor)	7 Amount of Contribution (\$) \$250.00
	Dinainalaaa	Fort Worth, TX 76104	O. Farabase (O. Januarian	
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	Radiologist		Radiology Associates of	· · · · · · · · · · · · · · · · · · ·
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#: Watts M.D., David (Dr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
		Fort Worth, TX 76132-4465		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Radiologist		Radiology Associates of	f North Texas
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#: Weatherall M.D., Paul (Dr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$600.00
		Dallas, TX 75230		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Radiologist	,	UT Southwestern	,
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Webb, Nathan (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)	Amount of Contribution (\$) \$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions RANT	s)
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID#:_ Weissmann, Eric (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104)	Amount of Contribution (\$) \$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions RANT	; ;)

	MONEI	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 44/47 Rpt: 47/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			L	00056103	
4	Date 05/22/2023	 5 Full name of contributor uut-of-si Weissmann, Robert (Dr.) 6 Contributor address; City; State; Zip Co 	tate PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104	i				
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions RANT	s) 		
	Date 05/22/2023	Full name of contributor out-of-si Wenzel M.D., Jeffrey S. (Dr.) Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75254-9112					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Dallas	
					1 1 1 1		
	Date 05/22/2023	Full name of contributor out-of-si Wheeler, Paul (Dr.) Contributor address; City; State; Zip Co	tate PAC (ID#: de			Amount of Contribution (\$)	\$250.00
		Sherman, TX 75091-0340					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			RANT			
	Date 05/22/2023	Full name of contributor out-of-si Whitlow M.D., Warren (Dr.) Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/22/2023	Full name of contributor out-of-si Williams M.D., Jonathan (Dr.) Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
			•				

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 45/47 Rpt: 48/78	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/22/2023	5 Full name of contributor Willig M.D., Donald (Dr.)6 Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$250.00
		Waxahachie, TX 75165-333	33				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Π	Amount of Contribution (\$)	
	05/22/2023	Wise M.D., David (Dr.) Contributor address; City; Stat				Amount of Contribution (c)	\$250.00
		Grapevine, TX 76051					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 03/13/2023	Full name of contributor [Wood, Jr., Robert C. (Dr.) Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$200.00
		Fort Worth, TX 76107					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 05/22/2023	Full name of contributor Woomer M.D., Scott (Dr.) Contributor address; City; Stat Grapevine, TX 76051	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 05/22/2023	Full name of contributor Wortley M.D., Phillip (Dr.) Contributor address; City; Stat Dallas, TX 75209-6011	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 46/47 Rpt: 49/78		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/22/2023	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
		Fort Worth, TX 76104					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u> 5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date	Full name of contributor out-of-state	PAC (ID#:)	Π	Amount of Contribution (\$)	
	05/22/2023	Yin M.D., Zi (Dr.)		/		(+)	\$250.00
		Contributor address; City; State; Zip Code					,
		Contributor address, City, State, Zip Code					
		Colleyville, TX 76034-5026					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	05/22/2023	Yoo, John (Dr.)					\$250.00
	Contributor address; City; State; Zip Code		l				
		, ,,					
		Fort Worth, TX 76104-3146					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			RANT			
	Date	Full name of contributor out-of-state	PAC (ID#:)	Г	Amount of Contribution (\$)	
	05/22/2023	Yount M.D., Mitchell (Dr.)					\$250.00
		Contributor address; City; State; Zip Code					
		Plano, TX 75094-3859					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	03/13/2023	Ziemke, William (Dr.)					\$500.00
		Contributor address; City; State; Zip Code					
		, ,,					
		San Antonio, TX 78229-0441					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			South Texas Radiology	Gr	oup	
_							

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 47/47 Rpt: 50/78
2	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Texas Radiological Society PAC	00056103
4	Date 03/01/2023 5 Full name of contributor out-of-state PAC (ID#:) Zink M.D., Walter (Dr.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$500.00
_	San Antonio, TX 78229	Y
8	Principal occupation / Job title (See Instructions) Radiologist 9 Employer (See Instructions) South Texas Radiology	
	Date Full name of contributor out-of-state PAC (ID#:) 05/22/2023 Zonozy M.D., Auzhaund (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code	
	Irving, TX 75063-3534	Y
	Principal occupation / Job title (See Instructions) Radiologist Employer (See Instructions) Radiology Associates of	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Waces/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this	,
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 1/23 Rpt: 51/78	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	
02/01/2023	Allman & Associates, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$84.31	600 Great Hills Trail, Suite 150W	
Expenditure from corporate funds	Austin, TX 78757	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	
EXPENDITURE	/ /tocounting/Banking	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		preparation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Poves name	
05/23/2023	Payee name Allman & Associates, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,650.00	600 Great Hills Trail, Suite 150W	
Expenditure from corporate funds	Austin, TX 78757	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	
OF EXPENDITURE	/ Accounting/Banking	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	I — I —	preparation
		noparation.
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	Office field
Date	Payee name	
02/08/2023	Alpha Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$253.26	3200 Woodall Dr Unit A-3	
Expenditure from corporate funds	Cedar Park, TX 78613	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	•
OF EXPENDITURE	Tilling Expense	eck if travel outside of Texas. Complete Schedule T.
	· · · · · · · · · · · · · · · · · · ·	eck if Austin, TX, officeholder living expense ing infographic for TRS Meeting
		Tig intographic for Tixo Meeting
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	9	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	
Sch: 2/23 Rpt: 52/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
04/10/2023	Borries, Trevor (Dr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$411.58	2411 N Hall St.
	Apt 20
Expenditure from corporate funds	Dallas, TX 75204
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Mileage, meals for Legislative Fellowship
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/15/2023	Central Market
Amount (\$)	Payee address; City; State; Zip Code
\$337.74	4477 S Lamar Blvd
Expenditure from corporate funds	Austin, TX 78745
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Lunch for Day at the Capitol
	Editor for Day at the Suprior
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
03/20/2023	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$24.24	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Travel expenses for Day at the Capitol
Oranalar Oranara "	Out lide to 10ff and a lide and a second sec
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 3 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
Total pages Schedule F1: Sch: 3/23 Rpt: 53/78	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Radiological Society PAC00056103
4 Date	5 Payee name
01/13/2023	Garbaccio, Karen
01/13/2023	Galbaccio, Naieli
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$360.00	2268 Summit Ridge Dr
Expenditure from	Car Mariana TV 70000
corporate funds	San Marcos, TX 78666
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Administration
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
•	
Date	Payee name
01/27/2023	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$480.00	2268 Summit Ridge Dr.
Evnenditure from	
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Cotomore.
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Administration
	Administration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Dougo nomo
	Payee name
02/10/2023	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$390.00	2268 Summit Ridge Dr
Expenditure from	Con Marcon, TV 70666
corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Administration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/23 Rpt: 54/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
02/24/2023	Garbaccio, Karen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$750.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Administration
	Administration
O Complete Chilly if all	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/10/2023	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$270.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
_/	Check if Austin, TX, officeholder living expense
	Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
03/24/2023	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Administration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guide expl		-	Contract Labor ete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	Ē			[;	3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 5/23 Rpt: 55/78	Texas Rad	ological Society PAC					00056103		
4	Date	5 Payee name								
	04/07/2023	Garbaccio,	Karen							
6	Amount (\$)	7 Payee addre	ss; City; S	State; Zip Co	de					
	\$360.00	2268 Sumr	nit Ridge Dr							
	Expenditure from corporate funds	San Marco	s, TX 78666							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of th	nic cohodulo)	(b)	Description				
	OF		ages/Contract Labor	iis scriedule)	(- ,		utsio	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE					Check if Austin,	TX,	officeholder living	expense	
						Administration	1			
9	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	1								
	Date	Payee name								
	04/21/2023	Garbaccio,	Karen							
	Amount (\$)	Payee addre	ss; City; S	State; Zip Co	de					
	\$180.00	2268 Sumr	nit Ridge Dr							
			•							
	Expenditure from corporate funds	San Marco	s, TX 78666							
	PURPOSE	(a) Category (S	ee Categories listed at the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE		ages/Contract Labor			=		de of Texas. Com		
						—		officeholder living	expense	
						Administration	1			
	Commiste ONLY if dispet	Condidate/Off	in a la al al a un a un a	Office	a. la t			Office he	ılal	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	gnı			Office fie	nu .	
	Date	Payee name								
	05/19/2023	Garbaccio,								
		Payee addre		State; Zip Co	do					
	Amount (\$) \$150.00	1 1	nit Ridge Dr	siale, Zip Co	ue					
	\$150.00	2200 Suilli	ilit Riuge Di							
Г	Expenditure from corporate funds	San Marco	s, TX 78666							
				Ī	(l-)					
	PURPOSE OF		ee Categories listed at the top of the	nis schedule)	(n)	Description Check if travel or	utsio	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	Salaries/w	ages/Contract Labor					officeholder living		
						Administration	1			
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Control of the C

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/23 Rpt: 56/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
06/02/2023	Garbaccio, Karen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$180.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/16/2023	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$180.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2023	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	2268 Summit Ridge Dr
φοσοίου	2200 Garrinit Mago Di
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
Z/II ZIIDII OILE	Check if Austin, TX, officeholder living expense
	Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Co Credit Card Payment	Description Committee Legal Services Salaries/W. The Instruction Guide explains how to committee the committee of the committee that the committe	ages/Contract Labor OTHER (enter a category not listed above) nplete this form.
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/23 Rpt: 57/78	Texas Radiological Society PAC	00056103
4 Date 5	Payee name	
05/23/2023	Haberl, Elizabeth (Dr.)	
6 Amount (\$) 7	Payee address; City; State; Zip Coo	de
\$48.16	1200 West 40th St.	
	#126	
Expenditure from corporate funds	Austin, TX 78756	
8 PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel for Legislative Fellowship
		traver for Legislative Fellowship
9 Complete ONLY if direct (Candidate/Officeholder name Office souc	tht Office held
expenditure to benefit C/OH		
Date	Payee name	
03/20/2023	Hyatt Tommie	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$342.54	505 San Jacinto Blvd	
75 .=.5 .	2.74	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel stay for Blake Marmie for Legislative Fellowship
Complete ONLY if direct (Candidate/Officeholder name Office soug	<u> </u>
expenditure to benefit C/OH	Candidate/Oniceriolder Hame Onice Sout	Jill Office field
Date	Payee name	
03/20/2023	Hyatt Tommie	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$342.54	505 San Jacinto Blvd	
φ342.34	303 San Jacinto Bivu	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EAFEINDITURE		Check if Austin, TX, officeholder living expense
		Hotel stay for Trevor Borries for Legislative Fellowship
		<u> </u>
	Candidate/Officeholder name Office soug	ht Office held
Complete ONLY if direct (expenditure to benefit C/OH		
• ——		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total name Oct. 11. Tr	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 8/23 Rpt: 58/78	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Radiological Society PAC 00056103
-	
	5 Payee name
03/30/2023	Hyatt Tommie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.91	505 San Jacinto Blvd
Expenditure from	Augtin TV 70701
corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Parking for Legislative Fellowship
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Doto	
Date	Payee name
04/12/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$501.46	PO Box 13382
Expenditure from	A
corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Dinner for Legislative Fellowship recipients
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Data	Davies same
Date	Payee name
04/12/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$20.55	PO Box 13382
Expenditure from	Austin, TX 78711
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	travel expenses for Legislative Fellowship dinner
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/23 Rpt: 59/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
01/12/2023	Imperium Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.88	PO Box 13382
Expenditure from corporate funds	Austin, TX 78711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	December Expenses
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/12/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$318.80	PO Box 13382
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	December Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
01/13/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$126.09	PO Box 13382
Expenditure from corporate funds	Austin, TX 78711
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	January expenses
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/23 Rpt: 60/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
02/13/2023	Imperium Public Affairs
6 Amount (\$) \$317.39	7 Payee address; City; State; Zip Code PO Box 13382
Expenditure from corporate funds	Austin, TX 78711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	January expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/17/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$306.83	PO Box 13382
Ψ000.00	1 0 200 10002
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	February expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/12/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$345.00	PO Box 13382
Ψ0-10.00	1 0 200 10002
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LA LABITORE	Check if Austin, TX, officeholder living expense
	March expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers))
Sch: 11/23 Rpt: 61/78	Texas Radiological Society PAC 00056103	
4 Date	5 Payee name	
05/18/2023	Imperium Public Affairs	
6 Amount (\$) \$568.81	7 Payee address; City; State; Zip Code PO Box 13382	
Expenditure from corporate funds	Austin, TX 78711	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	April expenses	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/07/2023	Imperium Public Affairs	
Amount (\$)	Payee address; City; State; Zip Code	
\$560.66	PO Box 13382	
Expenditure from corporate funds	Austin, TX 78711	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense June expenses	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/31/2023	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.17	550 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Federal tax	
0 1. 6		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category no	ot listed above)
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	.: 2 FILER NAME 3 Filer ID (Ethics 0	Commission Filers)
Sch: 12/23 Rpt: 62/78	Texas Radiological Society PAC 00056103	
4 Date	5 Payee name	
02/28/2023	Internal Revenue Service	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.15	5 550 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Accounting/Banking Check if travel outside of Texas. Complete Sched	Jule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Federal Tax	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	ОН	
Date	Payee name	
03/31/2023	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.17	550 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
·		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking Check if travel outside of Texas. Complete Schedule	lule T
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Sched	uic 1.
	Federal Tax	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	ОН	
Date	Payee name	
04/30/2023	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.16	5 550 Main St.	
Expenditure from		
corporate funds	Cincinnati, OH 45202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Sched	ule T.
_/	Check if Austin, TX, officeholder living expense	
	Federal Tax	
Complete CNU V M alling	Condidate/Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
p = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/23 Rpt: 63/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
05/31/2023	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.17	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Federal Tax
	r cuciai rax
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/30/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$0.16	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Federal tax
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
01/13/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$27.54	550 Main St.
- "	
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Or	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/23 Rpt: 64/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
01/27/2023	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$36.72	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Payroll expenses: taxes
	r ayron expenses. taxes
O Complete ONEY'S	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/10/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$29.84	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	1
Date	Payee name
02/24/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$57.37	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	·
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Comm	-	Guide explains h			Contract Labor		OTHER (enter a	category not listed	above)
1	Total pages Schedule F1:	2 F	ILER NAME				3	3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 15/23 Rpt: 65/78	1	exas Radiological Socie	ty PAC					00056103		,
4	Date	5 P	ayee name				•				
	03/10/2023	1	nternal Revenue Service								
6	Amount (\$)	7 P	ayee address; City;	State;	Zip Cod	de					
	\$20.66	5	50 Main St.								
	Expenditure from corporate funds	_ c	incinnati, OH 45202								
8	PURPOSE	(a) C	ategory (See Categories listed	at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		alaries/Wages/Contract				Check if travel out				
	2/11/2/10/12						Check if Austin, T.			expense	
							Payroll expens	es	s: taxes		
_	Operation ONLY if dispose				Nee:	-l- 4			Off: 1-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name		Office soug	gnt			Office he	eia	
	Date	Р	ayee name								
	03/24/2023	l Ir	nternal Revenue Service								
	Amount (\$)	Р	ayee address; City;	State;	Zip Cod	de					
	\$22.95	5	50 Main St.								
	Expenditure from corporate funds	c	incinnati, OH 45202								
	PURPOSE	(a) C	ategory (See Categories listed	at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		alaries/Wages/Contract				Check if travel out				
	LXI LINDITORL						Check if Austin, T.			expense	
							Payroll expens	es	s: taxes		
	Complete ONLY if direct		ndidate/Officeholder name	0	Office soug	ght			Office he	eld	
	expenditure to benefit C/O	H									
	Date	Р	ayee name								
	04/07/2023	Ir	nternal Revenue Service								
	Amount (\$)	Р	ayee address; City;	State;	Zip Cod	de					
	\$27.54	5	50 Main St.								
_	■ Expenditure from										
	corporate funds		incinnati, OH 45202								
	PURPOSE	(a) C	ategory (See Categories listed	at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	S	alaries/Wages/Contract	Labor			Check if travel out				
							Check if Austin, T.		-	expense	
							Payroll expens	es	i. taxes		
	Complete ONLY if direct	l Ca	ndidate/Officeholder name		Office soug	tht			Office he	-ld	
	expenditure to benefit C/Ol		naidate/Onlectioner name	O	moc sout	jiil			Office He	ли	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/23 Rpt: 66/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
04/21/2023	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.77	550 Main St.
Expenditure from	
corporate funds	Cincinnati, OH 45202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payroll expenses: taxes
	Tayron expenses. taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/19/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$11.47	550 Main St.
Ψ±111	SSS Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Payroll expenses: taxes
	r ayroll expenses. lakes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/02/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$13.77	550 Main St.
Ψ13.77	330 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	,
1 Total pages Schedule F1:	
Sch: 17/23 Rpt: 67/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
06/16/2023	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.77	550 Main St.
Ψ13.77	330 Main St.
Expenditure from	
corporate funds	Cincinnati, OH 45202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	⊣
Date	Payee name
	Payee name
06/30/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$22.95	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
	Tayron expenses. taxes
0 1: 0.11.7.7.1.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to senionic ere-	
Date	Payee name
01/03/2023	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$143.91	2632 Marine Way
Ψ143.91	2002 maine vvay
Expenditure from	
corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Quickbooks Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebooker/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

kpense Travel in Di kpense Travel Out of Vages/Contract Labor OTHER (en

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services The Instruction Guide expl		ges/Contract Labor plete this form.	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 18/23 Rpt: 68/78	Texas Radiological Society PAC			00056103	
4 Date	5 Payee name				
02/03/2023	Intuit				
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	е		
\$143.91	2632 Marine Way				
Expenditure from corporate funds	Mountain View, CA 94043				
8 PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule) (h	Description		
OF EXPENDITURE	Accounting/Banking			side of Texas. Comp	
			_	X, officeholder living	expense
			Quickbooks Su	DSCIIPIIOII	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	nt	Office he	ld
experience to benefit eye.					
Date	Payee name				
03/03/2023	Intuit				
Amount (\$)	Payee address; City; S	State; Zip Code	e		
\$143.91	2632 Marine Way				
Expenditure from corporate funds	Mountain View, CA 94043				
PURPOSE			Description		
OF	(a) Category (See Categories listed at the top of the Accounting/Banking	iis schedule)		side of Texas. Comp	lete Schedule T.
EXPENDITURE	/ teesartarig/Bariking		Check if Austin, TX	X, officeholder living	expense
			Quickbooks Su	bscription	
Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office he	ld
expenditure to benefit C/OI	4				
Date	Payee name				
04/03/2023	Intuit				
Amount (\$)	Payee address; City; S	State; Zip Code	2		
\$143.91	2632 Marine Way	naic, zip cou	_		
Ψ1-0.31	2002 Marine Way				
Expenditure from	M				
corporate funds	Mountain View, CA 94043				
PURPOSE OF	(a) Category (See Categories listed at the top of the	nis schedule) (h	Description		
EXPENDITURE	Accounting/Banking			side of Texas. Comp X, officeholder living	
			Quickbooks Su		ехрепзе
			Quio500115 00	20011011	
Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt .	Office he	Id
expenditure to benefit C/OI		Onice Sougi	ıı	Office He	iu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 19/23 Rpt: 69/78	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	
05/03/2023	Intuit	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$143.91	2632 Marine Way	
Expenditure from		
corporate funds	Mountain View, CA 94043	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Quickbooks Subscription
		Quickbooks Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt Office held
expenditure to benefit C/OI		Office field
Date	D	
06/05/2023	Payee name Intuit	
Amount (\$)	Payee address; City; State; Zip Code	e
\$143.91	2632 Marine Way	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Quickbooks Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht Office held
expenditure to benefit C/OI	3	office field
D-1-		
Date 05/23/2023	Payee name	
	Marmie, Blake (Dr.)	
Amount (\$)	Payee address; City; State; Zip Code	е
\$125.28	421 Wyndham Parkway	
Expenditure from corporate funds	Temple, TX 76502	
PURPOSE		b) Description
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		mileage and meals for Legislative Fellowship
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/Oi	1	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 20/23 Rpt: 70/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
04/07/2023	Saleem, Arsalan (Dr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$777.52	422 22nd St.
ψ111.0 <u>2</u>	Apt 3
Expenditure from	·
corporate funds	Galveston, TX 77550
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel for Day at the Capitol
	Traver for Bay at the Capitor
O Commission Chilly III	On didn't 10 ff a halden game Office a south
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/24/2023	Sheraton Georgetown
Amount (\$)	Payee address; City; State; Zip Code
\$237.82	1101 Woodlawn St.
·	
Expenditure from	Georgetown, TX 78628
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Hotel stay for Trevor Borries for Legislative
	Fellowship
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/05/2023	Smart Mail
Amount (\$)	Payee address; City; State; Zip Code
\$11.17	109 E Hopkins St
	Ste 205
Expenditure from corporate funds	San Marcos, TX 78666
	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Postage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to compl	,
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
Sch: 21/23 Rpt: 71/78	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	
02/15/2023	Stephen F. Austin Intercontinental Hotel	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,435.63	701 Congress Ave	
Expenditure from corporate funds	Austin, TX 78701	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner for Day at the Capitol
		2o. lo. 2a, actio capito.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office Hold
Date	D	
02/13/2023	Payee name	
	Target	
Amount (\$)	Payee address; City; State; Zip Code	
\$24.44	700 Barnes Dr.	
Expenditure from corporate funds	San Marcos, TX 78666	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Drinks for Day at the Capitol
Complete ONLY if direct	Condidate/Officeholder name Office cought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office field
Date	Payee name	
05/24/2023	US Postal Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.60	651 N IH 35 Ste 420	
- Evnanditura from		
Expenditure from corporate funds	New Braunsfels, TX 78130	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
Di Libilone		Check if Austin, TX, officeholder living expense
		Postage
		277
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
3.4.2		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/23 Rpt: 72/78	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
02/16/2023	Uber
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.00	701 Brazos St.
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Transportation to Capitol
	Transportation to Capitol
O Complete ONE Y Y F	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/16/2023	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$7.88	701 Brazos St.
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Transportation to hotel for Day at the Capitol Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	1
Date	Payee name
04/03/2023	Wells Fargo Bank N.A.
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	PO Box 2019
,	
Expenditure from corporate funds	Austin, TX 78768
-	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if Austin, TX, officeholder living expense
	bank fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 23/23 Rpt: 73/78	Texas Radiological Society PAC	00056103					
4 Date	5 Payee name						
05/01/2023	Wells Fargo Bank N.A.						
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e					
\$20.00	PO Box 2019						
Expenditure from corporate funds	Austin, TX 78768						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description					
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.					
EXI ENDITORE		Check if Austin, TX, officeholder living expense					
		bank fees					
Complete ONLY if direct	Candidate/Officeholder name	ht Office held					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	Onice neid					
Date	Payee name						
06/02/2023	Wells Fargo Bank N.A.						
Amount (\$)	Payee address; City; State; Zip Cod	e					
\$20.00	PO Box 2019						
Expenditure from							
corporate funds	Austin, TX 78768						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description					
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		bank fees					
		24					
Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held					
expenditure to benefit C/O							

SCHEDULE I

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 1/3 Rpt:	Texas Radiological Society PAC 00056103							
4 Date	5 Payee name							
01/12/2023	Imperium Public Affairs							
6 Amount (\$)	7 Payee Address; City; State; Zip							
6,000.00	PO Box 13382							
Expenditure from corporate funds	Austin, TX 78711							
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)							
OF EXPENDITURE	Consulting Expense Lobbyist fees							
EXPENDITURE								
Date	Payee name							
01/13/2023	Imperium Public Affairs							
Amount (\$)	Payee Address; City; State; Zip							
6,000.00	PO Box 13382							
Expenditure from								
corporate funds	Austin, TX 78711							
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)							
OF EXPENDITURE	Consulting Expense Lobbyist fees							
Date	Payee name							
01/13/2023	Imperium Public Affairs							
Amount (\$)	Payee Address; City; State; Zip							
6,000.00	PO Box 13382							
Expenditure from								
corporate funds	Austin, TX 78711							
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)							
EXPENDITURE	Consulting Expense Lobbyist Fees							
Date	Payee name							
04/12/2023	Imperium Public Affairs							
Amount (\$)	Payee Address; City; State; Zip							
	PO Box 13382							
6,000.00	1 0 BOX 15552							
Expenditure from corporate funds	Austin, TX 78711							
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)							
OF EXPENDITURE	Consulting Expense Lobbyist fees							
EXI ENDITORE								

SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Texas Radiological Society PAC 3 Filer ID (Ethics Commission Filers) 00056103					
4 Date	5 Payee name					
05/18/2023	Imperium Public Affairs					
6 Amount (\$)	7 Payee Address; City; State; Zip					
6,000.00	PO Box 13382					
Expenditure from corporate funds	Austin, TX 78711					
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
OF EXPENDITURE	Consulting Expense Lobbyist fees					
Date	Payee name					
06/07/2023	Imperium Public Affairs					
Amount (\$)	Payee Address; City; State; Zip					
6,000.00	PO Box 13382					
Expenditure from						
corporate funds	Austin, TX 78711					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
EXPENDITURE	Consulting Expense Lobbyist fees					
Date	Payee name					
01/13/2023	Strategic Advisers					
Amount (\$)	Payee Address; City; State; Zip					
3,500.00	515 Monmouth St					
Expenditure from						
corporate funds	Newport, KY 41071					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)					
EXPENDITURE	Consulting Expense PR fees					
Date	Payee name					
02/13/2023	Strategic Advisers					
Amount (\$)	Payee Address; City; State; Zip					
3,500.00	515 Monmouth St					
Expenditure from						
corporate funds	Newport, KY 41071					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description (See instructions regarding type of information required.) PR fees					
EXPENDITURE	Consulting Expense PR fees					
	'					

SCHEDULE I

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 3/3 Rpt:	Texas Radiological Society PAC 00056103						
4 Date	5 Payee name						
03/17/2023	Strategic Advisers						
6 Amount (\$)	7 Payee Address; City; State; Zip						
3,500.00	515 Monmouth St						
Expenditure from							
corporate funds	Newport, KY 41071						
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)						
OF EXPENDITURE	Consulting Expense PR fees						
Date	Payee name						
04/14/2023	Strategic Advisers						
Amount (\$)	Payee Address; City; State; Zip						
3,500.00	515 Monmouth St						
Expenditure from							
corporate funds	Newport, KY 41071						
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)						
OF EXPENDITURE	Consulting Expense PR fees						
EXI ENDITORE							
Date	Payee name						
06/20/2023	Strategic Advisers						
Amount (\$)	Payee Address; City; State; Zip						
3,500.00	515 Monmouth St						
Expenditure from							
corporate funds	Newport, KY 41071						
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)						
OF EXPENDITURE	Consulting Expense PR fees						
EXPENDITORE							
Date	Payee name						
05/24/2023	Strategic Advisers						
Amount (\$)	Payee Address; City; State; Zip						
3,500.00	515 Monmouth St						
Expenditure from							
corporate funds	Newport, KY 41071						
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)						
OF EXPENDITURE	Consulting Expense PR fees						
EXPENDITURE							

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /2 Rpt: 77/78	
2	2 FILER NAME Texas Radiological Society PAC 3 Filer II 00056			File	r ID	(Ethics Commission Fil	lers)
l)56	103		
4	Date 03/30/2023	 Name of person from whom amount is received Hyatt Tommie Hotel Address of person from whom amount is received; City; State; Zip Code 				8 Amount (\$)	\$5.09
		Austin, TX 78701					
			olitio	cal c	ontr	ibution returned to filer	
		refund					
F	Date	Name of person from whom amount is received				Amount (\$)	
	02/21/2023	Stephen F Austin Hotel					\$7.42
		Address of person from whom amount is received; City; State; Zip Code					
	Austin, TX 78701						
			olitio	cal c	ontr	ibution returned to filer	
		refund					
	Date	Name of person from whom amount is received				Amount (\$)	+0.70
	01/31/2023	WellsFargo Bank					\$0.72
		Address of person from whom amount is received; City; State; Zip Code					
		Portland, OR 97228					
		Purpose for which amount is received Check if po	olitio	cal c	ontr	ibution returned to filer	
		Interest					
F	Date	Name of person from whom amount is received				Amount (\$)	
	02/28/2023	WellsFargo Bank					\$0.65
		Address of person from whom amount is received; City; State; Zip Code					
		Portland, OR 97228					
			olitio	cal c	ontr	ibution returned to filer	
		Interest	,,,,,,	JUI 0	0116	isation retained to mer	
F	Date	Name of person from whom amount is received				Amount (\$)	
	03/31/2023	WellsFargo Bank					\$0.72
		Address of person from whom amount is received; City; State; Zip Code					
		Doubland OD 07220					
		Portland, OR 97228 Purpose for which amount is received.	11:4:	ng! :	orat:	ibution roturned to file.	
		Purpose for which amount is received)IIII(cai c	ontr	ibution returned to filer	
\vdash		microsi.					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 78/78 2 FILER NAME Filer ID (Ethics Commission Filers) Texas Radiological Society PAC 00056103 8 Amount (\$) Date 5 Name of person from whom amount is received 04/30/2023 WellsFargo Bank \$0.70 6 Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 Purpose for which amount is received Check if political contribution returned to filer Interest Name of person from whom amount is received Amount (\$) Date 05/31/2023 WellsFargo Bank \$0.72 Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 Purpose for which amount is received Check if political contribution returned to filer Interest Date Name of person from whom amount is received Amount (\$) 06/30/2023 WellsFargo Bank \$0.70 Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 Purpose for which amount is received Check if political contribution returned to filer Interest