

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

| | | | |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00056103 | 2 Total pages filed: 78 |
| 3 COMMITTEE NAME Texas Radiological Society PAC | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 07/13/2023 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 24165 IH-10 West, Suite 217 #150 San Antonio, TX 78257 | | |
| | Date Hand-delivered or Date Postmarked | | |
| | Receipt # | Amount | |
| | Date Processed | | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Dr. I. Ray | | |
| | NICKNAME LAST SUFFIX Kirk | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3756 Westerman Houston, TX 77005 | | |
| | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3756 Westerman Houston, TX 77005 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3756 Westerman Houston, TX 77005 | | |
| | AREA CODE PHONE NUMBER EXTENSION (713) 623-4070 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) | | |
| | <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023 | | |
| | 11 ELECTION ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|------------------------------------------------------------|-----------------------------------------------------------|
| 12 COMMITTEE NAME Texas Radiological Society PAC | 13 Filer ID (Ethics Commission Filers) 00056103 |
|------------------------------------------------------------|-----------------------------------------------------------|

| | | |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

| | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 70,400.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 15,390.88 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 321,226.64 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. I. Ray Kirk

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

SUBTOTALS - GPAC

| | | |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 17 COMMITTEE NAME Texas Radiological Society PAC | | 18 Filer ID (Ethics Commission Filers) 00056103 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 70,400.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 15,390.88 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 57,000.00 |
| 15. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 16.72 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/47 Rpt: 4/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Ryan (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Eric (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75208-0109 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, John (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Tyler, TX 75701-1832 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Tyler Radiologist Associates |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andring, Brice (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anene M.D., Alvin (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75390-8896 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/47 Rpt: 5/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annamalai, Palam (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77555-0709 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) UTMB |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne, Padma (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-2137 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Virtual Radiologic Corporation |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel M.D., Noah (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbona M.D., Jose (Dr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-8487 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong M.D., Ryan (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77005 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) West Houston Radiology |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/47 Rpt: 6/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong M.D., Stephen (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Tyler, TX 75701 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Tyler Radiology Associates |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson M.D., Stuart (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton, Daniel (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77494-3890 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bageac, Alexandru (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Brett (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Texarkana, TX 75504-1831 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/47 Rpt: 7/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Patrick W. (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75254-7625 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Justin (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckmann M.D., Nicholas (Dr.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77030-1501 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) UT Health Science Center |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn Ph.D, Timothy (Dr.) | Amount of Contribution (\$) \$350.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75235 | |
| Principal occupation / Job title (See Instructions) Physicist | | Employer (See Instructions) UTSW |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanch, Robert (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Denison, TX 75020-4584 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/47 Rpt: 8/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 03/01/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boatsman M.D., Justin E. (Dr.) | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Alamo Heights, TX 78209 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodiwala M.D., Ravi (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Southlake, TX 76092-1324 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associated of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boolchand, Jayant (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Plano, TX 75093-3306 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Ethan (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren M.D., Bryant (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75220-1949 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/47 Rpt: 9/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosemani M.D., Thangamadhan (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman M.D., Rodney (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75209-6024 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boys M.D., Gregory (Dr.) | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78248-2426 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressler M.D., Robert K. (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 01/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Stephen L. (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78765-9529 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Austin Cancer Centers |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/47 Rpt: 10/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 03/01/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Frank S. (Dr.) | 7 Amount of Contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78229 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bundy M.D., Scott A. (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75205 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Ray (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-4726 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 03/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bynum M.D., David W. (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78232-3508 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell M.D., Jason (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75204-5518 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/47 Rpt: 11/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, Brendon (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casolo M.D., B. James (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Adam (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-3750 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudry, Shoeb (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Ying (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/47 Rpt: 12/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen M.D., Lee (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcoat, R. Gray (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104-2224 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcoat M.D., Jill (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76132-4428 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuang M.D., Alex T. (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75230-3106 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuang M.D., Wendy (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Houston, TX 77008 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/47 Rpt: 13/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 03/01/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement IV M.D., John P. (Dr.) | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-3630 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) South Texas Radiology Group, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comay, Matthew (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76109 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrad M.D., Jason A. (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Mansfield, TX 76063-5480 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtines, Michel-Alexis (Dr.) | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78258 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Audie Murphy VA Hospital Imaging |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandall M.D., Benjamin (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/47 Rpt: 14/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 03/13/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow M.D., Keith A. (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78249-2080 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) South Texas radiology Group, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowhurst M.D., Brian (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75206-6035 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crum , Charles (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalrymple, Neal C. (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Helotes, TX 78023 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, James K. (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76132 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/47 Rpt: 15/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeQuesada, Ivan (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donepudi M.D., Jyotsna (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Colleyville, TX 76034-3663 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Du, Tuan (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duvall, Charles (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Longview, TX 75605 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyke M.D., Allen (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiology | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/47 Rpt: 16/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Scott (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Tyler, TX 75701 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Tyler Radiology Associates |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eickenhorst M.D., Daniel (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Jose (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Odessa, TX 79765 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin , David (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Longview, TX 75601 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Tyler Radiology Associates |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ethridge M.D., Kristen (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/47 Rpt: 17/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Nanette (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Stephenville, TX 76401-1358 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Cross Timbers Radiology |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans M.D., John (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76126-1906 | |
| Principal occupation / Job title (See Instructions) Radiology | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierke, Shelby R. (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesta M.D., Matthew (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worht, TX 76107-1726 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froberg M.D., Kevin P. (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Colleyville, TX 76034-6618 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/47 Rpt: 18/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galante M.D., Nicholas (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75205 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garmer M.D., D. Joe (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75208-2338 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geppert, Stephen (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstle, Ronald (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76132-3757 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Brian (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/47 Rpt: 19/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gongidi, Preelam (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Timothy (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Longview, TX 75604 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granaghan M.D., Richard (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-1031 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray M.D., John (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory M.D., William (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Colleyville, TX 76034-4244 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/47 Rpt: 20/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupton, Theodore (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75205 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) RANT |
| Date 06/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurian, John H. (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78229-0441 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Jeremy (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall M.D., Katherine (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75220-2134 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton M.D., Clint D. (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75254-7647 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/47 Rpt: 21/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Bradley (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Sherman, TX 75092 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammons M.D., Douglas (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Mansfield, TX 76063-5063 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harr M.D., Craig A. (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Aledo, TX 76008 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healy, Mark E. (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78229 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heasley, David (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75225-7006 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/47 Rpt: 22/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 06/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrick, Eric. P. (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code San Antonio, TX 78231-1408 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) South Texas Radiology Group |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrmann, Stephen (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Houston, TX 77006 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Houston Radiology Associated |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Michael (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Texarkana, TX 75503 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, George (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Colleyville, TX 76034 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horstman M.D., William G. (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/47 Rpt: 23/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Joshua A. (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116-0697 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussain, Saad (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hwang M.D., Pamela (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76107 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyde M.D., Matthew (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Allen, TX 75002-7319 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyman, Benjamin (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/47 Rpt: 24/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iyamu M.D., Ikponmwosa (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jancowski M.D., Luis A. (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Frisco, TX 75034-2666 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaster, Adam (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeelani, Faraz (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Richard (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/47 Rpt: 25/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Susan (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77030-1503 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) UT Health Science Center |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karnaze, Greg C. (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78759-5873 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) ARA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kayser M.D., Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Keller, TX 76248-8489 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ketkar, Manoj (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khasgiawala, Vaibhev (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Texas Radiology Associates |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/47 Rpt: 26/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilgore M.D., David (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Texas Neuroradiology, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Won (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Irving, TX 75038-6254 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Matthew (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75231 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, I. Ray (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Kirk Ventures PLLC |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kogan M.D., James (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Southlake, TX 76092-9423 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/47 Rpt: 27/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 01/12/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kommula, Nita (Dr.) | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77027 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Baylor College of Medicine |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruger M.D., Ariel (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78209 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuenstler M.D., Kristi M. (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76108-9202 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Jeannie (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75024-3214 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) UT Southwestern Medical Center at Dallas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labor M.D., Penny (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/47 Rpt: 28/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy M.D., Joe N. (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leifer M.D., David (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75254-8603 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leihgeber, Timothy (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Tyler, TX 75701 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Tyler Radiology Associates |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llave , Alfred (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Tyler, TX 75703 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Tyler Radiology Associates |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lobo M.D., Stephen (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76109-3545 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/47 Rpt: 29/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez M.D., Victor (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, James (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Longview, TX 75605 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Tyler Radiology Associates |
| Date 01/12/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry M.D., William (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76110-1017 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry M.D., William (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76110-1017 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry M.D., William (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76110-1017 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/47 Rpt: 30/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Joshua (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) RANT |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons M.D., Travis (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78258 | |
| Principal occupation / Job title (See Instructions) Radiology | | Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macha, Douglas (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joshua (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCaslin, Justin (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/47 Rpt: 31/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrary M.D., Michael W. (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Thomas (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Christopher (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Texarkana, TX 75501-5175 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcauley, Jr., Michael F. (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76109 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menendez M.D., Isabel (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Aransas Pass, TX 78374 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Care Regional Medical Center |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/47 Rpt: 32/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikus M.D., John (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Victoria, TX 77904-1137 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Crossroads Diagnostic Imaging |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, III, Carl (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jon (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Keller, TX 76248 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, C. Matthew (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76126 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moate M.D., Michelle (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Coppell, TX 75019-4525 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiological Consultants Association |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/47 Rpt: 33/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray M.D., Robert (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624-6761 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niehus, Joe (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Sherman, TX 75090-5243 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver M.D., Qian (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orsi M.D., Michael (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78232-2824 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page M.D., Christine (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75229-3806 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/47 Rpt: 34/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pak M.D., James P. (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pallan M.D., Pablo (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78256-1666 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papasozomenos M.D., Harry (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Houston, TX 76104-3146 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh M.D., Jay (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Houston, TX 77030 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) UT MD Anderson Center |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Pulin (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/47 Rpt: 35/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 03/13/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel M.D., Dipan (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Shavano Park, TX 78230-5641 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettibon, Keith (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiology | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4481 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pilat M.D., Martin (Dr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/47 Rpt: 36/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond M.D., Jason (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Dallas, TX 75390 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prokell M.D., Peter (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Aledo, TX 76008-5817 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putegnat M.D., Burton (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76109 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quadeer M.D., Rahman (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Southlake, TX 76092 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Queralt M.D., John (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/47 Rpt: 37/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qureshi, Jawad (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Justin (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reading, David (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiology | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 02/16/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reading, Jared (Dr.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Uvalde, TX 78801 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Uvalde Memorial Hospital |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeb, Jr. M.D., Robert J. (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 35/47 Rpt: 38/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese M.D., William G. (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reuter, Robert (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riepe M.D., David (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rizer, Magda (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sacks, Justin (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 36/47 Rpt: 39/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Robert (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval M.D., Kenneth A. (Dr.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Humble, TX 77346 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology group, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schniederjan M.D., Jospeh (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-4632 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoppe M.D., Kurt (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Grapevine, TX 76051-1104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz M.D., Greg (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/47 Rpt: 40/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz M.D., Steven (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selouan, Roger (Dr.) | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Houston, TX 77030 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Houston Radiology Associated |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sensarma M.D., Anirban (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahin M.D., Islam (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharatz M.D., Steven (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76110-1701 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/47 Rpt: 41/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/15/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Paul (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78236-5300 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) USAF |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry M.D., Cynthia S. (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75230-5219 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/01/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva III M.D., Ezequiel (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78212-2303 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group, PA |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Achint (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78229-3901 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) UT Health Science Center - San Antonio |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Digvijay (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/47 Rpt: 42/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Kanwar (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence M.D., Susanna (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Southlake, TX 76092 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) UT Health Science Center |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spindle, Preston (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Denison, TX 75020 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkey M.D., Kelly (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/47 Rpt: 43/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 06/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoll, John F. (Dr.) | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78232-2902 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) South Texas Radiology Group |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suri M.D., Rajeev (Dr.) | Amount of Contribution (\$) \$1,500.00 |
| | Contributor address; City; State; Zip Code Shavano Park, TX 78231-1428 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) UT Health Science Center |
| Date 06/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas M.D., John W. (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78232-3508 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |
| Date 06/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tibbetts M.D., Todd A. (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tindall, Bronson (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 41/47 Rpt: 44/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toliyat, Mohammad (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) RANT |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tornow, Kelly (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75390 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) UT Southwestern |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trippe, Douglas (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Texarkana, TX 75503-1140 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umair, Mohammad (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasan, Vasantha (Dr.) | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75390-9178 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Georgetown University Medical Center |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 42/47 Rpt: 45/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 01/12/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venkatesan M.D., Aradhana (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77025 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) UT MD Anderson Cancer Center |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wachsmann, Jason (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wajid, Haq (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Roger (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walkiewicz M.D., Thomas (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75248-2241 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 43/47 Rpt: 46/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson , Blake (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts M.D., David (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76132-4465 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/15/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherall M.D., Paul (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75230 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) UT Southwestern |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Nathan (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Eric (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 44/47 Rpt: 47/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Robert (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenzel M.D., Jeffrey S. (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75254-9112 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Dallas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Paul (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Sherman, TX 75091-0340 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitlow M.D., Warren (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75231 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams M.D., Jonathan (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 45/47 Rpt: 48/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willig M.D., Donald (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Waxahachie, TX 75165-3333 | | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise M.D., David (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Grapevine, TX 76051 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Jr., Robert C. (Dr.) | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76107 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woomer M.D., Scott (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Grapevine, TX 76051 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wortley M.D., Phillip (Dr.) | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75209-6011 | | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North 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 Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/22/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaquinto M.D., James J. (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104 | |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin M.D., Zi (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Colleyville, TX 76034-5026 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, John (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) RANT |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yount M.D., Mitchell (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75094-3859 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North Texas |
| Date 03/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziemke, William (Dr.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78229-0441 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) South Texas Radiology Group |

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 Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 03/01/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zink M.D., Walter (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78229 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Radiologist | | 9 Employer (See Instructions) South Texas Radiology Group, PA |
| Date 05/22/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zonozy M.D., Auzhaund (Dr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75063-3534 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates of North TX |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 1/23 Rpt: 51/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
|-----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|

| | |
|-----------------------------|--------------------------------------------------|
| 4 Date 02/01/2023 | 5 Payee name Allman & Associates, Inc. |
|-----------------------------|--------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 6 Amount (\$) \$84.31 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 600 Great Hills Trail, Suite 150W Austin, TX 78757 |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1099 preparation |
|---------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--------------------|-----------------------------------------|
| Date 05/23/2023 | Payee name Allman & Associates, Inc. |
|--------------------|-----------------------------------------|

| | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Amount (\$) \$1,650.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 600 Great Hills Trail, Suite 150W Austin, TX 78757 |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

| | | |
|-------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 990 preparation |
|-------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--------------------|------------------------------|
| Date 02/08/2023 | Payee name Alpha Graphics |
|--------------------|------------------------------|

| | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Amount (\$) \$253.26 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3200 Woodall Dr Unit A-3 Cedar Park, TX 78613 |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

| | | |
|-------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing infographic for TRS Meeting |
|-------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 2/23 Rpt: 52/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 04/10/2023 | 5 Payee name Borries, Trevor (Dr.) | |
| 6 Amount (\$) \$411.58 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2411 N Hall St. Apt 20 Dallas, TX 75204 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage, meals for Legislative Fellowship |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/15/2023 | Payee name Central Market | |
| Amount (\$) \$337.74 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 4477 S Lamar Blvd Austin, TX 78745 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Day at the Capitol |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/20/2023 | Payee name Garbaccio, Karen | |
| Amount (\$) \$24.24 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel expenses for Day at the Capitol |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 3/23 Rpt: 53/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 01/13/2023 | 5 Payee name Garbaccio, Karen | |
| 6 Amount (\$) \$360.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2023 | Payee name Garbaccio, Karen | |
| Amount (\$) \$480.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2268 Summit Ridge Dr. San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/10/2023 | Payee name Garbaccio, Karen | |
| Amount (\$) \$390.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 4/23 Rpt: 54/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 02/24/2023 | 5 Payee name Garbaccio, Karen | |
| 6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/10/2023 | Payee name Garbaccio, Karen | |
| Amount (\$) \$270.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2023 | Payee name Garbaccio, Karen | |
| Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 5/23 Rpt: 55/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 04/07/2023 | 5 Payee name Garbaccio, Karen | |
| 6 Amount (\$) \$360.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/21/2023 | Payee name Garbaccio, Karen | |
| Amount (\$) \$180.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/19/2023 | Payee name Garbaccio, Karen | |
| Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 6/23 Rpt: 56/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
|-----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|

| | |
|-----------------------------|-----------------------------------------|
| 4 Date 06/02/2023 | 5 Payee name Garbaccio, Karen |
|-----------------------------|-----------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 6 Amount (\$) \$180.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
|---------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------------|
| Date 06/16/2023 | Payee name Garbaccio, Karen |
|--------------------|--------------------------------|

| | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Amount (\$) \$180.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

| | | |
|------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
|------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--------------------|--------------------------------|
| Date 06/30/2023 | Payee name Garbaccio, Karen |
|--------------------|--------------------------------|

| | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2268 Summit Ridge Dr San Marcos, TX 78666 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

| | | |
|------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration |
|------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 7/23 Rpt: 57/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
|-----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|

| | |
|-----------------------------|------------------------------------------------|
| 4 Date 05/23/2023 | 5 Payee name Haberl, Elizabeth (Dr.) |
|-----------------------------|------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 6 Amount (\$) \$48.16 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1200 West 40th St. #126 Austin, TX 78756 |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense travel for Legislative Fellowship |
|---------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------|
| Date 03/20/2023 | Payee name Hyatt Tommie |
|--------------------|----------------------------|

| | |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Amount (\$) \$342.54 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 505 San Jacinto Blvd Austin, TX 78701 |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

| | | |
|-------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel stay for Blake Marmie for Legislative Fellowship |
|-------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--------------------|----------------------------|
| Date 03/20/2023 | Payee name Hyatt Tommie |
|--------------------|----------------------------|

| | |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Amount (\$) \$342.54 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 505 San Jacinto Blvd Austin, TX 78701 |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

| | | |
|-------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel stay for Trevor Borries for Legislative Fellowship |
|-------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--|--|
| | |
|--|--|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 8/23 Rpt: 58/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 03/30/2023 | 5 Payee name Hyatt Tommie | |
| 6 Amount (\$) \$29.91 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 505 San Jacinto Blvd Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for Legislative Fellowship |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/12/2023 | Payee name Imperium Public Affairs | |
| Amount (\$) \$501.46 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner for Legislative Fellowship recipients |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/12/2023 | Payee name Imperium Public Affairs | |
| Amount (\$) \$20.55 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense travel expenses for Legislative Fellowship dinner |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 9/23 Rpt: 59/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
|-----------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|

| | |
|-----------------------------|------------------------------------------------|
| 4 Date 01/12/2023 | 5 Payee name Imperium Public Affairs |
|-----------------------------|------------------------------------------------|

| | |
|---------------------------------|---------------------------------------------------------------------------------------|
| 6 Amount (\$) \$40.88 | 7 Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 |
|---------------------------------|---------------------------------------------------------------------------------------|

Expenditure from corporate funds

| | | |
|---------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense December Expenses |
|---------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--------------------|---------------------------------------|
| Date 01/12/2023 | Payee name Imperium Public Affairs |
|--------------------|---------------------------------------|

| | |
|-------------------------|------------------------------------------------------------------------------|
| Amount (\$) \$318.80 | Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 |
|-------------------------|------------------------------------------------------------------------------|

Expenditure from corporate funds

| | | |
|-------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense December Expenses |
|-------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--------------------|---------------------------------------|
| Date 01/13/2023 | Payee name Imperium Public Affairs |
|--------------------|---------------------------------------|

| | |
|-------------------------|------------------------------------------------------------------------------|
| Amount (\$) \$126.09 | Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 |
|-------------------------|------------------------------------------------------------------------------|

Expenditure from corporate funds

| | | |
|-------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense January expenses |
|-------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 10/23 Rpt: 60/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 02/13/2023 | 5 Payee name Imperium Public Affairs | |
| 6 Amount (\$) \$317.39 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense January expenses |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/17/2023 | Payee name Imperium Public Affairs | |
| Amount (\$) \$306.83 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense February expenses |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/12/2023 | Payee name Imperium Public Affairs | |
| Amount (\$) \$345.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense March expenses |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 11/23 Rpt: 61/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/18/2023 | 5 Payee name Imperium Public Affairs | |
| 6 Amount (\$) \$568.81 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense April expenses |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/07/2023 | Payee name Imperium Public Affairs | |
| Amount (\$) \$560.66 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense June expenses |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/31/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$0.17 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 12/23 Rpt: 62/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 02/28/2023 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$0.15 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/31/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$0.17 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/30/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$0.16 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 13/23 Rpt: 63/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/31/2023 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$0.17 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/30/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$0.16 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal tax |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/13/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$27.54 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 14/23 Rpt: 64/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 01/27/2023 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$36.72 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/10/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$29.84 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$57.37 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 15/23 Rpt: 65/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 03/10/2023 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$20.66 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$22.95 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/07/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$27.54 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 16/23 Rpt: 66/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 04/21/2023 | 5 Payee name Internal Revenue Service | |
| 6 Amount (\$) \$13.77 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/19/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$11.47 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/02/2023 | Payee name Internal Revenue Service | |
| Amount (\$) \$13.77 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 17/23 Rpt: 67/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|

| | |
|-----------------------------|-------------------------------------------------|
| 4 Date 06/16/2023 | 5 Payee name Internal Revenue Service |
|-----------------------------|-------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 6 Amount (\$) \$13.77 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

| | | |
|---------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
|---------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--------------------|----------------------------------------|
| Date 06/30/2023 | Payee name Internal Revenue Service |
|--------------------|----------------------------------------|

| | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Amount (\$) \$22.95 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 550 Main St. Cincinnati, OH 45202 |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

| | | |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--------------------|----------------------|
| Date 01/03/2023 | Payee name Intuit |
|--------------------|----------------------|

| | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Amount (\$) \$143.91 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043 |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

| | | |
|-------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription |
|-------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 18/23 Rpt: 68/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|

| | |
|-----------------------------|-------------------------------|
| 4 Date 02/03/2023 | 5 Payee name Intuit |
|-----------------------------|-------------------------------|

| | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 6 Amount (\$) \$143.91 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043 |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription |
|---------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 03/03/2023 | Payee name Intuit |
|--------------------|----------------------|

| | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Amount (\$) \$143.91 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043 |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

| | | |
|------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription |
|------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | |
|--------------------|----------------------|
| Date 04/03/2023 | Payee name Intuit |
|--------------------|----------------------|

| | |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Amount (\$) \$143.91 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043 |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

| | | |
|------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription |
|------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 19/23 Rpt: 69/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 05/03/2023 | 5 Payee name Intuit | |
| 6 Amount (\$) \$143.91 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/05/2023 | Payee name Intuit | |
| Amount (\$) \$143.91 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2632 Marine Way Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/23/2023 | Payee name Marmie, Blake (Dr.) | |
| Amount (\$) \$125.28 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 421 Wyndham Parkway Temple, TX 76502 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mileage and meals for Legislative Fellowship |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 20/23 Rpt: 70/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 04/07/2023 | 5 Payee name Saleem, Arsalan (Dr.) | |
| 6 Amount (\$) \$777.52 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 422 22nd St. Apt 3 Galveston, TX 77550 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel for Day at the Capitol |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2023 | Payee name Sheraton Georgetown | |
| Amount (\$) \$237.82 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1101 Woodlawn St. Georgetown, TX 78628 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel stay for Trevor Borries for Legislative Fellowship |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/05/2023 | Payee name Smart Mail | |
| Amount (\$) \$11.17 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 109 E Hopkins St Ste 205 San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 21/23 Rpt: 71/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 02/15/2023 | 5 Payee name Stephen F. Austin Intercontinental Hotel | |
| 6 Amount (\$) \$2,435.63 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 701 Congress Ave Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner for Day at the Capitol |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2023 | Payee name Target | |
| Amount (\$) \$24.44 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 700 Barnes Dr. San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drinks for Day at the Capitol |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/24/2023 | Payee name US Postal Service | |
| Amount (\$) \$12.60 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 651 N IH 35 Ste 420 New Braunsfels, TX 78130 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 22/23 Rpt: 72/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 02/16/2023 | 5 Payee name Uber | |
| 6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 701 Brazos St. Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to Capitol |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/16/2023 | Payee name Uber | |
| Amount (\$) \$7.88 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 701 Brazos St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation to hotel for Day at the Capitol Dinner |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/03/2023 | Payee name Wells Fargo Bank N.A. | |
| Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 2019 Austin, TX 78768 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

| | | |
|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 23/23 Rpt: 73/78 | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
|------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|

| | |
|-----------------------------|----------------------------------------------|
| 4 Date 05/01/2023 | 5 Payee name Wells Fargo Bank N.A. |
|-----------------------------|----------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 6 Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 2019 Austin, TX 78768 |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

| | | |
|---------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fees |
|---------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------------|
| Date 06/02/2023 | Payee name Wells Fargo Bank N.A. |
|--------------------|-------------------------------------|

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 2019 Austin, TX 78768 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

| | | |
|-------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fees |
|-------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 1 Total pages Schedule I: Sch: 1/3 Rpt: | 2 FILER NAME Texas Radiological Society PAC | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 01/12/2023 | 5 Payee name Imperium Public Affairs | |
| 6 Amount (\$) 6,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) Lobbyist fees |
| Date 01/13/2023 | Payee name Imperium Public Affairs | |
| Amount (\$) 6,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) Lobbyist fees |
| Date 01/13/2023 | Payee name Imperium Public Affairs | |
| Amount (\$) 6,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) Lobbyist Fees |
| Date 04/12/2023 | Payee name Imperium Public Affairs | |
| Amount (\$) 6,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) Lobbyist fees |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 05/18/2023 | 5 Payee name Imperium Public Affairs | |
| 6 Amount (\$) 6,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip PO Box 13382 Austin, TX 78711 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) Lobbyist fees |
| Date 06/07/2023 | Payee name Imperium Public Affairs | |
| Amount (\$) 6,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip PO Box 13382 Austin, TX 78711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) Lobbyist fees |
| Date 01/13/2023 | Payee name Strategic Advisers | |
| Amount (\$) 3,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 515 Monmouth St Newport, KY 41071 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) PR fees |
| Date 02/13/2023 | Payee name Strategic Advisers | |
| Amount (\$) 3,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 515 Monmouth St Newport, KY 41071 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Consulting Expense | (b) Description (See instructions regarding type of information required.) PR fees |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

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

SCHEDULE K

| | | |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/2 Rpt: 77/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 03/30/2023 | 5 Name of person from whom amount is received Hyatt Tommie Hotel | 8 Amount (\$) \$5.09 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 | |
| | 7 Purpose for which amount is received refund <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 02/21/2023 | Name of person from whom amount is received Stephen F Austin Hotel | Amount (\$) \$7.42 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 | |
| | Purpose for which amount is received refund <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 01/31/2023 | Name of person from whom amount is received WellsFargo Bank | Amount (\$) \$0.72 |
| | Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 02/28/2023 | Name of person from whom amount is received WellsFargo Bank | Amount (\$) \$0.65 |
| | Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 03/31/2023 | Name of person from whom amount is received WellsFargo Bank | Amount (\$) \$0.72 |
| | Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |

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

SCHEDULE K

| | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 2/2 Rpt: 78/78 |
| 2 FILER NAME Texas Radiological Society PAC | | 3 Filer ID (Ethics Commission Filers) 00056103 |
| 4 Date 04/30/2023 | 5 Name of person from whom amount is received WellsFargo Bank | 8 Amount (\$) \$0.70 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 | |
| | 7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 05/31/2023 | Name of person from whom amount is received WellsFargo Bank | Amount (\$) \$0.72 |
| | Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 06/30/2023 | Name of person from whom amount is received WellsFargo Bank | Amount (\$) \$0.70 |
| | Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |