FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00056103 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Radiological Society PAC Date Received **ELECTRONICALLY FILED** 01/12/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 24165 IH-10 West, Date Hand-delivered or Date Postmarked Suite 217 #150 Change of Address San Antonio, TX 78257 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. I. Ray NAME NICKNAME LAST **SUFFIX** Kirk STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3756 Westerman STREET **ADDRESS** (Residence or Business) Houston, TX 77005 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3756 Westerman MAILING **ADDRESS** Houston, TX 77005 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 623-4070 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Radiological S	ociety PAC		00056103	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,040.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,445.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$	304,671.52
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Dr. I. F	ay Kirk	
		Signature of Car	npaign Treasu	irer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 31
		EE NAME diological Society PAC	18 Filer ID 00056103	(Ethics Commission Filers)
		E SUBTOTALS	00000100	Ī
	1E OF S		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,040.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.			\$	
8.		\$		
9.		\$		
10.	Х	S	\$ 4,445.99	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$ 36,000.00
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$ 2,786.85

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/31			
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	#0 F00 00
	09/20/2023	Auber, Andrew E. (Dr.)					\$2,500.00
		6 Contributor address; City; Sta					
_	D	San Antonio, TX 78209-83		-	Ĺ		
8		pation / Job title (See Instructions)	9	Employer (See Instructions		oun	
	Radiologist			South Texas Radiology	GI		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	* =00.00
	11/20/2023	Beckmann M.D., Nicholas					\$500.00
		Contributor address; City; Sta	ate; Zip Code				
		Houston, TX 77030-1501					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist UT Health Science Ce				ter		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/29/2023	Beckmann M.D., Nicholas	(Dr.)				\$500.00
		Contributor address; City; Sta Houston, TX 77030-1501	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Radiologist	,		UT Health Science Cent			
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)	
	12/29/2023	Blackburn Ph.D, Timothy (_	<i>/</i>		7 mileant of Continuation (4)	\$100.00
		Contributor address; City; Sta			•		
	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Physicist			UTSW	·/		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#050.00
	11/20/2023	Browning, Travis					\$250.00
		Contributor address; City; Sta	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			UT Southwestern Medic	cal	Center at Dallas	

	MONEI	ARY POLITICAL CONTRIBUTIO	PΝ	IS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/7 Rpt: 5/31	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 09/20/2023	5 Full name of contributor out-of-state PAC (ID#:) Burns M.D., Stephanie (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$150.00	
		San Antonio, TX 78209-6038					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u> 5)		
	Radiologist			South Texas Radiology	Gr	oup	
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Childs III M.D., Tilden L. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Fort Worth, TX 76109-1032					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:_ Church M.D., Daniel G. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78258-1623					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			South Texas Radiology	gro	oup, PA	
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:_ Dix M.D., James E. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78229-5907				Amount of Contribution (\$)	\$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology	•	our.	
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID#:_ Ellenbogen, Paul (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75201-7055				Amount of Contribution (\$)	\$25.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONEI	ARY POLITICAL CONTRIBUTIO	INS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/31		
2	FILER NAME Texas Radiological Society PAC				Filer ID (Ethics Commission 00056103	n Filers)
4	Date 12/29/2023			7	Amount of Contribution (\$)	\$25.00
8	Principal occu Radiologist	<u> </u>	Employer (See Instructions Retired	s)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Galvan, Eva (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Radiologist	San Antonio, TX 78229 pation / Job title (See Instructions)	Employer (See Instructions UTHSCSA	<u> </u> s)		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:_ Golden M.D., David A. (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78231-1440		Ĺ		
	Radiologist	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	-	oup, PA	
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:_ Granato, Michael P. (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Radiologist	San Antonio, TX 78232-3474 pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology		oup	
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#:_ Gupta, Shiva (Dr.) Contributor address; City; State; Zip Code Houston, TX 77030-3722)		Amount of Contribution (\$)	\$100.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions UT MD Anderson	s)		

	MONEI	ARY POLITICAL CON	NIRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/31			
2	FILER NAME	logical Society PAC			3	Filer ID (Ethics Commission 00056103	n Filers)
_			ut-of-state PAC (ID#:)	-		
4	Date 12/29/2023	Icenogle M.D., Diane M. (Dr.)	Icenogle M.D., Diane M. (Dr.) Contributor address; City; State; Zip Code		'	Amount of Contribution (\$)	\$100.00
		Boerne, TX 78006					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Radiologist			Audie L. Murphy VA Hos	spit	al	
	Date 11/20/2023	Khan M.D., Faraz (Dr.) Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Houston, TX 77056-2715	·				
	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Radiologist Synergy Radiology Ass		ocia	ites PA			
	Date 09/20/2023	Full name of contributor	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78209-1801					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			South Texas Radiology	Gr	oup	
	Date 09/20/2023	Full name of contributor o cao, Jordan (Dr.) Contributor address; City; State; Z San Antonio, TX 78209-8332	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Diagnostic R	pation / Job title (See Instructions) adiologist		Employer (See Instructions STRG	s)		
	Date 12/29/2023	Full name of contributor o Lee M.D., Michael (Dr.) Contributor address; City; State; Z Keller, TX 76248-8409	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Envision Imaging North	Fo	rt Worth	
			,				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS	SCHEDUI	E A1
	The Instru	ction Guide explains hov	1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/31			
2	FILER NAME				3 Filer ID (Ethics Commission	on Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 09/20/2023	5 Full name of contributorMehta M.D., Amit (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		7 Amount of Contribution (\$)	\$1,000.00
	Deinsinal case	San Antonio, TX 78209-2		Familia of (Cool Instruction		
8		pation / Job title (See Instructions	5)	Employer (See Instructions South Toyas Padiology		
	Radiologist			South Texas Radiology		
	Date 09/20/2023	Full name of contributor Menick, Barry (Dr.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78212				
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions	s)	
	Date 09/20/2023	Full name of contributor Middlebrook M.D., Micha Contributor address; City; S			Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78229-5	907			
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)	
	Radiologist			South Texas Radiology	Group	
	Date 11/20/2023	Full name of contributor Phalak, Kanchan (Dr.) Contributor address; City; S Houston, TX 77007	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions MD Anderson Cancer C		
	Date 09/20/2023	Full name of contributor Reinsmith M.D., Lance E Contributor address; City; S San Antonio, TX 78248-1	tate; Zip Code		Amount of Contribution (\$)	\$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions South Texas Radiology		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A			
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/31		
2	FILER NAME Texas Radio	FILER NAME Texas Radiological Society PAC			Filer ID (Ethics Commission 00056103	on Filers)
4	Date 11/20/2023	5 Full name of contributor out-of-state PAC (ID# Sammer, Marla (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
_	District	The Woodlands, TX 77381	In Francisco (October Assertion	<u></u>		
8	Radiologist	pation / Job title (See Instructions)	9 Employer (See Instructions Texas Childrens	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID# Seiler, Stephen (Dr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75390		<u> </u>		
	Radiologist	pation / Job title (See Instructions)	Employer (See Instructions UT Southwestern	5)		
	Date 12/29/2023	Full name of contributor out-of-state PAC (ID# Sherman, Paul (Dr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78236-5300				
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions USAF	s)		
	Date 09/20/2023	Contributor address; City; State; Zip Code	÷)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Radiologist		STRG			
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID# Suri M.D., Rajeev (Dr.) Contributor address; City; State; Zip Code Shavano Park, TX 78231-1428	:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions UT Health Science Cent			

	MONET	΄Α	RY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	cti	ion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/31
2	FILER NAME Texas Radiological Society PAC				3	Filer ID (Ethics Commission Filers) 00056103
4	Date 09/20/2023	ļ	Full name of contributor out-of-state PAC (ID#:_Swart M.D., Jennifer E. (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$500.00
_	Drive in all acco		San Antonio, TX 78258-1642	D. Faralayay/Can landayatina		
8	Radiologist	ıpaı	tion / Job title (See Instructions)	9 Employer (See Instructions South Texas Radiology		roup
	Date 09/20/2023		Full name of contributor out-of-state PAC (ID#:_ Tubb M.D., Benjamin (Dr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$1,000.00
			San Antonio, TX 78209-5103	·	Ĺ	
	Radiologist	ıpa	tion / Job title (See Instructions)	Employer (See Instructions South Texas Radiology		roup
	Date 09/20/2023	<u></u>	Full name of contributor out-of-state PAC (ID#:_Velez, Jorge A. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$500.00
			San Antonio, TX 78209-3756			
	Principal occu Radiologist	ıpa	tion / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	•	oup, PA
	Date 12/29/2023		Full name of contributor out-of-state PAC (ID#:_White, Benjamin (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75220			Amount of Contribution (\$) \$25.00
	Principal occu Radiologist	ıpa	tion / Job title (See Instructions)	Employer (See Instructions American Radiology As:		siataa
	Tadiologist			/ Interiodal Fradrology / E		State S

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatal range Calcadala E4.	1
1 Total pages Schedule F1: Sch: 1/17 Rpt: 11/31	2 FILER NAME Texas Radiological Society PAC 3 Filer ID (Ethics Commission Filers) 00056103
4 Date	5 Payee name
07/14/2023	Garbaccio, Karen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$360.00	2268 Summit Ridge Dr
- "	
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE	1
OF	' l =
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Administration
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/28/2023	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$180.00	2268 Summit Ridge Dr
Ψ100.00	2200 Garmini Mage Br
Expenditure from	
corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Administration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	1
Date	Payee name
08/11/2023	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$210.00	2268 Summit Ridge Dr
Expenditure from	
corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Administration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Cor	•		ages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
		_	The Instruction Guide explai	ins how to con	nple					
1	Total pages Schedule F1:	2	FILER NAME			3	١	Filer ID	(Ethics Commission	on Filers)
	Sch: 2/17 Rpt: 12/31		Texas Radiological Society PAC				(00056103		
4	Date	5	Payee name							
	08/25/2023		Garbaccio, Karen							
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip Coo	de					
	\$150.00		2268 Summit Ridge Dr	•						
			Ğ							
	Expenditure from		San Marcos, TX 78666							
_	d corporate funds				<i>a</i> >					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(a)	Description	sid.	of Toyon Com	aloto Sobodulo T	
	EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outs				
						Administration	., -			
9	Complete ONLY if direct		Candidate/Officeholder name	Office soug	thr			Office he	ild	
	expenditure to benefit C/O		sandidate/emechalder hame	Omoc coug	<i>j</i> c			011100 110	a	
	Date		Davida nama							
			Payee name							
	09/08/2023		Garbaccio, Karen		_					
	Amount (\$)		, ,,	ate; Zip Cod	de					
	\$210.00		2268 Summit Ridge Dr							
_	T Expenditure from									
	corporate funds		San Marcos, TX 78666							
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel outs				
						Check if Austin, TX	<, c	fficeholder living	expense	
						Administration				
	2	<u> </u>								
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office soug	gnt			Office he	ela	
	Date		Payee name							
	09/22/2023		Garbaccio, Karen							
	Amount (\$)		Payee address; City; Sta	ate; Zip Cod	de					
	\$270.00		2268 Summit Ridge Dr							
	Expenditure from corporate funds		San Marcos, TX 78666							
	PURPOSE	(a)	Category (See Categories listed at the top of this	c cobodulo)	(b)	Description				
	OF		Salaries/Wages/Contract Labor	s scriedule)	(- ,	Check if travel outs	sid	e of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Salaines, trages, Commune Lase.			Check if Austin, TX	<, c	fficeholder living	expense	
						Administration				
		L								
	Complete ONLY if direct		Candidate/Officeholder name	Office soug	ght			Office he	eld	
	expenditure to benefit C/O	4								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/ The Instruction Guide explains how to c	Wages/Contract Labor OTHER (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/17 Rpt: 13/31	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	
10/06/2023	Garbaccio, Karen	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$150.00	2268 Summit Ridge Dr	
— Foresaditore from		
Expenditure from corporate funds	San Marcos, TX 78666	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Administration
		/ diffinistration
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		
Date	Payee name	
11/03/2023	Garbaccio, Karen	
Amount (\$)	Payee address; City; State; Zip C	ode
\$90.00	2268 Summit Ridge Dr	
,	3	
Expenditure from corporate funds	San Marcos, TX 78666	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Administration
		/ diffinistration
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		agnit Cinoc Hold
Date	Dove nome	
11/17/2023	Payee name Garbaccio, Karen	
	·	-4-
Amount (\$)	Payee address; City; State; Zip C	ode
\$90.00	2268 Summit Ridge Dr	
Expenditure from	0 - M TV 70000	
corporate funds	San Marcos, TX 78666	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Administration
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	4	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/17 Rpt: 14/31	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	-
12/01/2023	Garbaccio, Karen	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$240.00	2268 Summit Ridge Dr	
Expenditure from corporate funds	San Marcos, TX 78666	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	3 · · · · · · · · · · · · · · · · · · ·	Check if Austin, TX, officeholder living expense
		Administration
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experience to believe even		
Date	Payee name	
12/15/2023	Garbaccio, Karen	
Amount (\$)	Payee address; City; State; Zip Coo	le
\$90.00	2268 Summit Ridge Dr	
Expenditure from		
corporate funds	San Marcos, TX 78666	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Administration
		Administration
Complete ONLY if direct	Candidate/Officeholder name Office soup	ht Office held
expenditure to benefit C/O	<u> </u>	Cince Hold
Data	Device name	
Date 12/29/2023	Payee name Garbaccio, Karen	
		1.
Amount (\$)	Payee address; City; State; Zip Coo	le
\$150.00	2268 Summit Ridge Dr	
Expenditure from	Con Marror TV 70000	
corporate funds	San Marcos, TX 78666	
PURPOSE OF	, ,	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Administration
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	1	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/17 Rpt: 15/31	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
10/20/2023	Garbaccio, Karen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$120.00	2268 Summit Ridge Dr
- "	
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Administration
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/09/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$122.80	PO Box 13382
722.00	. 6 26/. 2002
Expenditure from corporate funds	Austin, TX 78711
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meals
	····esse
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/22/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$355.08	PO Box 13382
ψ333.00	FO BOX 13302
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Meals
	ινισαιο
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/17 Rpt: 16/31	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
09/12/2023	Imperium Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$85.36	PO Box 13382
Expenditure from corporate funds	Austin, TX 78711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Meals
	Medis
O Complete ONE Y Y F	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$112.19	PO Box 13382
Expenditure from corporate funds	Austin, TX 78711
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meals
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Davis asses
Date	Payee name
11/14/2023	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$286.58	PO Box 13382
Expenditure from	
corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Meals
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Fees Consulting Expense Food/Beverag Contributions/ Donations Made By - Gift/Awards/M Candidate/Officeholder/Political Committee Legal Services Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office Polling ense Printin Salarie	Overhea Expens SExpens S/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1 Total pages Schedule F1:	2 EII ED NAME		•	•		3	Filer ID	(Ethics Commission Filers)
Sch: 7/17 Rpt: 17/31		- ological Society PA	AC .				00056103	(Luics Commission Filers)
4 Date	5 Payee name							
07/31/2023		venue Service						
\$0.17	7 Payee addre 550 Main S		State; Zip	Code				
Expenditure from corporate funds	Cincinnati,	OH 45202						
8 PURPOSE OF EXPENDITURE	(a) Category (S Accounting	ee Categories listed at the to 'Banking	p of this schedule)	(b)			de of Texas. Com _l , officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ceholder name	Office s	ought			Office he	eld
Date	Payee name	vanora Carrian						
08/31/2023		enue Service						
Amount (\$)	Payee addre		State; Zip	Code				
\$0.17	550 Main S	t.						
Expenditure from corporate funds	Cincinnati,	OH 45202						
PURPOSE OF EXPENDITURE	(a) Category (S Accounting	ee Categories listed at the to /Banking	p of this schedule)	(b)			de of Texas. Com officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ceholder name	Office s	ought			Office he	eld
Date 09/30/2023	Payee name Internal Rev	venue Service						
Amount (\$) \$0.16	Payee addre 550 Main S		State; Zip	Code				
Expenditure from corporate funds	Cincinnati,	OH 45202						
PURPOSE OF EXPENDITURE	(a) Category (s Accounting	ee Categories listed at the to /Banking	p of this schedule)	(b)			de of Texas. Com officeholder living	
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office s	ought			Office he	ld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/17 Rpt: 18/31	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	•
10/31/2023	Internal Revenue Service	
6 Amount (\$) \$0.17	7 Payee address; City; State; Zip Code 550 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
8 PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Federal Tax
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
12/31/2023	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.17	550 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Federal Tax
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
11/30/2023	Internal Revenue Service	
Amount (\$) \$0.16	Payee address; City; State; Zip Code 550 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Federal Tax
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/17 Rpt: 19/31	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	·
07/14/2023	Internal Revenue Service	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$27.54	550 Main St.	
Expenditure from		
corporate funds	Cincinnati, OH 45202	
8 PURPOSE OF	,	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll Expense - Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
07/28/2023	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$13.77	550 Main St.	
Expenditure from		
corporate funds	Cincinnati, OH 45202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payroll Expense - Taxes
		, ,
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
08/11/2023	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$16.07	550 Main St.	
Evpanditure from		
Expenditure from corporate funds	Cincinnati, OH 45202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payroll Expense - Taxes
		. ay. an Expense Taxoo
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/17 Rpt: 20/31	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
08/25/2023	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.47	550 Main St.
Expenditure from	
corporate funds	Cincinnati, OH 45202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payroll Expense - Taxes
	Tayron Expense - Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/08/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$16.07	550 Main St.
Ψ10.07	SSS Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
_/	Check if Austin, TX, officeholder living expense
	Payroll Expense - Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
09/22/2023	Payee name Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$20.65	550 Main St.
Expenditure from	
corporate funds	Cincinnati, OH 45202
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll Expense - Taxes
	Agron Expense Taxos
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

t/Reimbursement
/Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/17 Rpt: 21/31	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
10/06/2023	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.48	550 Main St.
- Funanditura from	
Expenditure from corporate funds	Cincinnati, OH 45202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll Expense - Taxes
	Taylon Expense Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/20/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$9.18	550 Main St.
ФЭ.10	550 Maii St.
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll Expense - Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/03/2023	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$6.88	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Payroll Expense - Taxes
Complete CALL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 12/17 Rpt: 22/31	Texas Radiological Society PAC 00056103	3
4 Date	5 Payee name	
11/17/2023	Internal Revenue Service	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$6.89	550 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	
EXPENDITORE	Check if Austin, TX, officeholder liv	ring expense
	Payroll Expense - Taxes	
O Commission ONLY if dispose	Constitute (Office helder norms Office accurate	h al d
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office OH	neia
Date	Payee name	
12/01/2023	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$18.36	550 Main St.	
Expenditure from		
corporate funds	Cincinnati, OH 45202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. C	
	Check if Austin, TX, officeholder liv	ring expense
	T dy.on Exponds Taxes	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
expenditure to benefit C/O		
Date	Payee name	
12/15/2023	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.88		
Ψ0.00	ood man ou	
Expenditure from corporate funds	Cincinnati, OH 45202	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. C	omplete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if Austin, TX, officeholder liv	
	Payroll Expense - Taxes	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office	held
expenditure to benefit C/OI	JN	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/17 Rpt: 23/31	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
12/29/2023	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.48	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll Expense - Taxes
	Taylon Expense Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/03/2023	Intuit Software Sales
Amount (\$)	Payee address; City; State; Zip Code
\$143.91	2632 Marine Way
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Quickbooks Online Subscription
	Quiotacona Grinne Gassaription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/03/2023	Intuit Software Sales
Amount (\$)	Payee address; City; State; Zip Code
\$143.91	2632 Marine Way
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Quickbooks Online Subscription
	Quickbooks Offiliae Subscribtion
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 14/17 Rpt: 24/31	Texas Radiological Society PAC	00056103			
4 Date	5 Payee name	•			
09/05/2023	Intuit Software Sales				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$143.91	2632 Marine Way				
Expenditure from corporate funds	Mountain View, CA 94043				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Quickbooks Online Subscription			
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held			
expenditure to benefit C/O					
Date	Payee name				
10/03/2023	Intuit Software Sales				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$143.91	2632 Marine Way				
72.0.02					
Expenditure from corporate funds	Mountain View, CA 94043				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Quickbooks Online Subscription			
		C			
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held			
expenditure to benefit C/O					
Date	Payee name				
11/03/2023	Intuit Software Sales				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$150.31	2632 Marine Way	uc			
Ψ130.31					
Expenditure from corporate funds	Mountain View, CA 94043				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Quickbooks Online Subscription			
		Quiolibono Chimic Gubothphon			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held			
expenditure to benefit C/Ol		g Office field			

SCHEDULE F1

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

Fees Office Overhead/f
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Lenal Services Salaries/Manes/C

Credit Card Payment	The Instruction Guide explains how to co	Ü	ete this form.
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 15/17 Rpt: 25/31	Texas Radiological Society PAC		00056103
4 Date	5 Payee name		<u> </u>
12/04/2023	Intuit Software Sales		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$150.31	2632 Marine Way		
	-		
Expenditure from corporate funds	Mountain View, CA 94043		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Quickbooks Online Subscription
			Quistissino Similo Susseription
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office held
expenditure to benefit C/OI		· 5····	
Date	Payee name		
07/03/2023	Payee name Wells Fargo Bank N.A.		
		1 .	
Amount (\$)	Payee address; City; State; Zip Co	oae	
\$20.00	PO Box 2019		
Expenditure from corporate funds	Austin, TX 78768		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE			Check if Austin, TX, officeholder living expense
			Bank fees
		<u> </u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
10/02/2023	Wells Fargo Bank N.A.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$20.00	PO Box 2019		
— Foresediture from			
Expenditure from corporate funds	Austin, TX 78768		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Accounting/Banking	` `	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
			Bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
experialities to beliefft C/OI	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 16/17 Rpt: 26/31	Texas Radiological Society PAC 00056103			
4 Date	5 Payee name			
12/04/2023	Wells Fargo Bank N.A.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$20.00	PO Box 2019			
Expenditure from corporate funds	Austin, TX 78768			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Bank fees			
	Dailk ICCS			
O Complete ONE Y Y F	Condidate/Officeholder name			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/02/2023	Wells Fargo Bank N.A.			
Amount (\$)	Payee address; City; State; Zip Code			
\$20.00	PO Box 2019			
Expenditure from corporate funds	Austin, TX 78768			
•				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Bank fees			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Data				
Date	Payee name			
09/05/2023	Wells Fargo Bank N.A.			
Amount (\$)	Payee address; City; State; Zip Code			
\$20.00	PO Box 2019			
— Foresteller of forest				
Expenditure from corporate funds	Austin, TX 78768			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Bank fees			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
L	Sch: 17/17 Rpt: 27/31	Texas Radiological Society PAC 00056103	
4	Date	5 Payee name	
	11/02/2023	Wells Fargo Bank N.A.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	П
	\$20.00	PO Box 2019	
	Expenditure from corporate funds	Austin, TX 78768	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
l	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Bank fees	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)				
Sch: 1/2 Rpt:	Texas Radiological Society PAC 00056103					
4 Date	5 Payee name					
08/09/2023	Imperium Public Affairs					
6 Amount (\$)	7 Payee Address; City; State; Zip					
6,000.00	PO Box 13382					
Expenditure from						
corporate funds	Austin, TX 78711					
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require	:d.)				
EXPENDITURE	Consulting Expense Lobbyist					
Date	Payee name					
08/22/2023	Imperium Public Affairs					
Amount (\$)	Payee Address; City; State; Zip					
6,000.00	PO Box 13382					
Expenditure from						
corporate funds	Austin, TX 78711					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require	:d.)				
EXPENDITURE	Consulting Expense Lobbyist					
Date	Payee name					
09/12/2023	Imperium Public Affairs					
Amount (\$)	Payee Address; City; State; Zip					
6,000.00	PO Box 13382					
Expenditure from	A					
corporate funds	Austin, TX 78711					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require Lobbyist	:d.)				
EXPENDITURE	Consulting Expense Loubyist					
Date	Payee name					
10/10/2023	Imperium Public Affairs					
Amount (\$)	Payee Address; City; State; Zip					
6,000.00	PO Box 13382					
Expenditure from						
corporate funds	Austin, TX 78711					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require	:d.)				
EXPENDITURE	Consulting Expense Lobbyist					
	<u></u>					

SCHEDULE |

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 2/2 Rpt:	Texas Radiological Society PAC	00056103			
4	Date	5 Payee name				
	11/14/2023	Imperium Public Affairs				
6	Amount (\$)	7 Payee Address; City; State; Zip				
	6,000.00	PO Box 13382				
	Expenditure from corporate funds	Austin, TX 78711				
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description Lobbyist	(See instructions regarding type of information required.)			
	Date	Payee name				
	12/13/2023	Imperium Public Affairs				
	Amount (\$)	Payee Address; City; State; Zip				
	6,000.00	PO Box 13382				
	Expenditure from corporate funds	Austin, TX 78711				
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description Lobbyist	(See instructions regarding type of information required.)			

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.				pages Schedule K:		
	Sch: 1			1/2 Rpt: 30/31			
2	FILER NAME		3		ID (Ethics Commission Fi	lers)	
	Texas Radio	exas Radiological Society PAC 0005			66103		
4	Date	5 Name of person from whom amount is received			8 Amount (\$)		
	07/31/2023	WellsFargo Bank				\$0.73	
		6 Address of person from whom amount is received; City; State; Zip Code					
		Double of OD 07220					
		Portland, OR 97228					
			heck if politi	cal cor	ntribution returned to filer		
		Interest					
	Date	Name of person from whom amount is received			Amount (\$)		
	08/31/2023	WellsFargo Bank				\$0.72	
		Address of person from whom amount is received; City; State; Zip Code					
		D # 1 0D 07000					
		Portland, OR 97228					
			heck if politi	cal cor	ntribution returned to filer		
		Interest					
	Date	Name of person from whom amount is received			Amount (\$)		
	09/30/2023	WellsFargo Bank				\$0.70	
		Address of person from whom amount is received; City; State; Zip Code					
		Portland OD 07220					
		Portland, OR 97228					
		Purpose for which amount is received Clarest	neck if politi	cai coi	ntribution returned to filer		
					1		
	Date	Name of person from whom amount is received			Amount (\$)		
	10/31/2023	WellsFargo Bank				\$0.72	
		Address of person from whom amount is received; City; State; Zip Code					
		Portland, OR 97228					
			la a a la 16 de a a 1141	1			
		Purpose for which amount is received CI Interest	песк ії роші	cai coi	ntribution returned to filer		
					<u> </u>		
	Date	Name of person from whom amount is received			Amount (\$)	±0.70	
	11/30/2023 WellsFargo Bank				\$0.70		
	Address of person from whom amount is received; City; State; Zip Code						
		Portland, OR 97228					
			hook if realist	001.55	atribution returned to file.		
		Purpose for which amount is received CI Interest	neck if politi	cai coi	ntribution returned to filer		
interest							
•							

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 31/31 2 FILER NAME Filer ID (Ethics Commission Filers) Texas Radiological Society PAC 00056103 8 Amount (\$) Date 5 Name of person from whom amount is received 12/31/2023 WellsFargo Bank \$0.72 6 Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Name of person from whom amount is received Date 12/31/2023 WellsFargo Bank \$2,782.56 Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 Purpose for which amount is received Check if political contribution returned to filer Unrealized gains