

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: 60
3 COMMITTEE NAME Texas Radiological Society PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/03/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
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		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. I. Ray NICKNAME LAST SUFFIX Kirk		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 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		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 623-4070		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 07/01/2024 THROUGH Month Day Year 09/26/2024		
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 71,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,860.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 339,556.72
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**FORM GPAC**
COVER SHEET PG 3
3 of 60

17 COMMITTEE NAME Texas Radiological Society PAC		18 Filer ID (Ethics Commission Filers) 00056103
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 71,700.00
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	\$ 25,860.17
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	\$ 21,600.00
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 5,244.10

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/39 Rpt: 4/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Ryan (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) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alian, Ali <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UTSW
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-0109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, John (Dr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701-1832	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Tyler Radiologist Associates
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andring, Brice (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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/39 Rpt: 5/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anene M.D., Alvin (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75390-8896	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	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 08/30/2024	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 07/16/2024	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 (\$) \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong M.D., Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$166.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Tyler Radiology Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/39 Rpt: 6/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson M.D., Stuart (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$186.50
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton, Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77494-3890	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auber, Andrew E. (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-8307	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Radiological Association <hr/> Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bageac, Alexandru (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	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: 4/39 Rpt: 7/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Brett (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75504-1831	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Patrick W. (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-7625	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Justin (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanch, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Denison, TX 75020-4584	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodiwala M.D., Ravi (Dr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-1324	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associated of North Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/39 Rpt: 8/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boolchand, Jayant (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-3306	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Ethan (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren M.D., Bryant (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220-1949	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosemani M.D., Thangamadhan (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman M.D., Rodney (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-6024	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: 6/39 Rpt: 9/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressler M.D., Robert K. (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bundy M.D., Scott A. (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Ray (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-4726	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell M.D., Jason (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-5518	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, Brendon (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: 7/39 Rpt: 10/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casolo M.D., B. James (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) Radiology Associates of North Texas
Date 08/30/2024	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 08/30/2024	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 08/30/2024	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
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen M.D., Lee (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/39 Rpt: 11/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcoat, R. Gray (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-2224	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcoat M.D., Jill (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4428	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuang M.D., Alex T. (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-3106	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuang M.D., Wendy (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church M.D., Daniel G. (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-1623	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology group, PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/39 Rpt: 12/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comay, Matthew (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrad M.D., Jason A. (Dr.) <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-5480	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandall M.D., Benjamin (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowhurst M.D., Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6035	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crum , Charles (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	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: 10/39 Rpt: 13/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, James K. (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeQuesada, Ivan (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 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dix M.D., James E. (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donepudi M.D., Jyotsna (Dr.) <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-3663	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Du, Tuan (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	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: 11/39 Rpt: 14/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyke M.D., Allen (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) Radiology		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Tyler Radiology Associates
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eickenhorst M.D., Daniel (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Jose (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ethridge M.D., Kristen (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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/39 Rpt: 15/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans M.D., John (Dr.) 6 Contributor address; City; State; Zip Code Fort Worth, TX 76126-1906	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiology		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierke, Shelby R. (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesta M.D., Matthew (Dr.) Contributor address; City; State; Zip Code Fort Worht, TX 76107-1726	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froberg M.D., Kevin P. (Dr.) Contributor address; City; State; Zip Code Colleyville, TX 76034-6618	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galante M.D., Nicholas (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology of North Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/39 Rpt: 16/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garmer M.D., D. Joe (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208-2338	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geppert, Stephen (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstle, Ronald (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-3757	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Brian (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 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden M.D., David A. (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231-1440	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA

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SCHEDULE A1

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gongidi, Preelam (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Timothy (Dr.) <hr/> Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granaghan M.D., Richard (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1031	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radilogy associates of North Texas
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granato, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 76104-7800	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray M.D., John (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

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SCHEDULE A1

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory M.D., William (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034-4244	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupta, Shiva (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-3722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT MD Anderson
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupton, Theodore (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Jeremy (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall M.D., Katherine (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220-2134	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton M.D., Clint D. (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-7647	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Bradley (Dr.) <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammons M.D., Douglas (Dr.) <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-5063	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harr M.D., Craig A. (Dr.) <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healsey M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas, PA

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SCHEDULE A1

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Michael (Dr.) 6 Contributor address; City; State; Zip Code Texarkana, TX 75503	7 Amount of Contribution (\$) \$174.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, George (Dr.) Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horstman M.D., William G. (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Radiology Associated Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Joshua A. (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76116-0697	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

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SCHEDULE A1

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussain, Saad (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyde M.D., Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75002-7319	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyman, Benjamin (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iyamu M.D., Ikponmwosa (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jancowski M.D., Luis A. (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-2666	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

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SCHEDULE A1

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaster, Adam (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeelani, Faraz (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Richard (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 08/30/2024	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 08/30/2024	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

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/39 Rpt: 23/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilgore M.D., David (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	7 Amount of Contribution (\$) \$186.50
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Texas Neuroradiology, PA
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Won (Dr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75038-6254	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kogan M.D., James (Dr.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-9423	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuenstler M.D., Kristi M. (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108-9202	Amount of Contribution (\$) \$166.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

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SCHEDULE A1

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labor M.D., Penny (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) Radiology Associates of North Texas
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-0433	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lao, Jordan (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-8332	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Diagnostic Radiologist		Employer (See Instructions) STRG
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leifer M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-8603	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leihgeber, Timothy (Dr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Tyler Radiology Associates

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/39 Rpt: 25/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llave , Alfred (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Tyler Radiology Associates
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lobo M.D., Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-3545	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez M.D., Victor (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, James (Dr.) <hr/> Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Tyler Radiology Associates
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry M.D., William (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76110-1017	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/39 Rpt: 26/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macha, Douglas (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCaslin, Justin (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrary M.D., Michael W. (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75501-5175	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: 24/39 Rpt: 27/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcauley, Jr., Michael F. (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta M.D., Amit (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-2859	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menick, Barry (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) STRG
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlebrook M.D., Michael R. (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-5907	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, III, Carl (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	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: 25/39 Rpt: 28/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jon (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76248	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, C. Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76126	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moate M.D., Michelle (Dr.) <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-4525	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiological Consultants Association
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niehus, Joe (Dr.) <hr/> Contributor address; City; State; Zip Code Sherman, TX 75090-5243	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver M.D., Qian (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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/39 Rpt: 29/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page M.D., Christine (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-3806	7 Amount of Contribution (\$) \$164.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pak M.D., James P. (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$166.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papasozomenos M.D., Harry (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 76104-3146	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Pulin (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 08/30/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/39 Rpt: 30/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps, Charles (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 08/30/2024	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 08/30/2024	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
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond M.D., Jason (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75390	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prokell M.D., Peter (Dr.) <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008-5817	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: 28/39 Rpt: 31/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putegnat M.D., Burton (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quadeer M.D., Rahman (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
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Queral M.D., John (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qureshi, Jawad (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Justin (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: 29/39 Rpt: 32/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reading, David (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiology		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeb, Jr. M.D., Robert J. (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese M.D., William G. (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinsmith M.D., Lance E. (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248-1610	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reuter, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	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: 30/39 Rpt: 33/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riepe M.D., David (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76104	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rizer, Magda (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sacks, Justin (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schniederjan M.D., Jospeh (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-4632	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoppe M.D., Kurt (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051-1104	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz M.D., Greg (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz M.D., Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sensarma M.D., Anirban (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahin M.D., Islam (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas, PA

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharatz M.D., Steven (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76110-1701	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shetty, Ashwin (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) STRG
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Digvijay (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Kanwar (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	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

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spindle, Preston (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkey M.D., Kelly (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 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suri M.D., Rajeev (Dr.) <hr/> Contributor address; City; State; Zip Code Shavano Park, TX 78231-1428	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Health Science Center
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swart M.D., Jennifer E. (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-1642	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tindall, Bronson (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

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SCHEDULE A1

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2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toliyat, Mohammad (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trippe, Douglas (Dr.) <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503-1140	Amount of Contribution (\$) \$174.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tubb M.D., Benjamin (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-5103	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velez, Jorge A. (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-3756	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wachsmann, Jason (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: 35/39 Rpt: 38/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wajid, Haq (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Roger (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walkiewicz M.D., Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-2241	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson , Blake (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4465	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/39 Rpt: 39/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Nathan (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenzel M.D., Jeffrey S. (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-9112	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Dallas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Paul (Dr.) <hr/> Contributor address; City; State; Zip Code Sherman, TX 75091-0340	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: 37/39 Rpt: 40/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitlow M.D., Warren (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$186.50
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams M.D., Jonathan (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willig M.D., Donald (Dr.) <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165-3333	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$186.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woomer M.D., Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$241.50
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: 38/39 Rpt: 41/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wortley M.D., Phillip (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209-6011	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaquinto M.D., James J. (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yin M.D., Zi (Dr.) <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-5026	Amount of Contribution (\$) \$166.50
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, John (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 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yount M.D., Mitchell (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75094-3859	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: 39/39 Rpt: 42/60
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zonozy M.D., Auzhaund (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063-3534	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 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: 1/16 Rpt: 43/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 09/06/2024	5 Payee name Ann Johnson Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 56386 Houston, TX 77256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Bryan Hughes for Texas Senate	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 110 N. College Ave., Ste. 208 Tyler, TX 75702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name David Cook Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 309 E Broad St Mansfield, TX 76063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
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: 2/16 Rpt: 44/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/23/2024	5 Payee name Driggers, Amie	
6 Amount (\$) \$82.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 12840 W Auckland St Meridian, ID 83642	
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		
Date 08/23/2024	Candidate/Officeholder name Office sought Office held	
Payee name Driggers, Amie		
Amount (\$) \$11.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St Meridian, ID 83642	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/06/2024	Candidate/Officeholder name Office sought Office held	
Payee name Dustin Burrows Campaign		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2569 Lubbock, TX 79408	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 3/16 Rpt: 45/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 09/06/2024	5 Payee name Elizabeth Campos Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3124 Sidney Brooks, Ste. A San Antonio, TX 78235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Friends of Donna Campbell	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 171002 San Antonio, TX 78217	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Garbaccio, Karen	
Amount (\$) \$48.24 <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 PAC Committee Meeting
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: 4/16 Rpt: 46/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 07/12/2024	5 Payee name Garbaccio, Karen	
6 Amount (\$) \$90.00 <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		
Date 07/26/2024	Candidate/Officeholder name Garbaccio, Karen	
Amount (\$) \$60.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 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		
Date 08/09/2024	Candidate/Officeholder name Garbaccio, Karen	
Amount (\$) \$330.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 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		

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: 5/16 Rpt: 47/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/23/2024	5 Payee name Garbaccio, Karen	
6 Amount (\$) \$510.00 <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		
Date 09/06/2024	Candidate/Officeholder name Garbaccio, Karen	
Amount (\$) \$90.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 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		
Date 09/20/2024	Candidate/Officeholder name Garbaccio, Karen	
Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 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		

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: 6/16 Rpt: 48/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 07/12/2024	5 Payee name Garbaccio, Karen	
6 Amount (\$) \$6.88 <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 Payroll expenses: taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/26/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.59 <input type="checkbox"/> Expenditure from corporate funds	Payee name Garbaccio, Karen 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 Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/09/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$25.25 <input type="checkbox"/> Expenditure from corporate funds	Payee name Garbaccio, Karen 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 Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 7/16 Rpt: 49/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/23/2024	5 Payee name Garbaccio, Karen	
6 Amount (\$) \$39.01 <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 Payroll expenses: taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/06/2024	Candidate/Officeholder name Garbaccio, Karen	
Amount (\$) \$6.89 <input type="checkbox"/> Expenditure from corporate funds	Office sought 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 Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/20/2024	Candidate/Officeholder name Garbaccio, Karen	
Amount (\$) \$2.29 <input type="checkbox"/> Expenditure from corporate funds	Office sought 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 Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 8/16 Rpt: 50/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 07/12/2024	5 Payee name Gaylor, Emily	
6 Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6101 Reiger Avenue Dallas, TX 75214	
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		
Date 07/26/2024	Candidate/Officeholder name Gaylor, Emily	
Amount (\$) \$600.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 6101 Reiger Avenue Dallas, TX 75214	
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		
Date 07/12/2024	Candidate/Officeholder name Gaylor, Emily	
Amount (\$) \$20.95 <input type="checkbox"/> Expenditure from corporate funds	Office sought 6101 Reiger Avenue Dallas, TX 75214	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 9/16 Rpt: 51/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 07/26/2024	5 Payee name Gaylor, Emily	
6 Amount (\$) \$83.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6101 Reiger Avenue Dallas, TX 75214	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Giovanni Capriglione Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 92007 Southlake, TX 76092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2024	Payee name Imperium Public Affairs	
Amount (\$) \$271.61 <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 <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: 10/16 Rpt: 52/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/08/2024	5 Payee name Imperium Public Affairs	
6 Amount (\$) \$263.71 <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 July expenses
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Imperium Public Affairs	
Amount (\$) \$292.85 <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 Aug expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Internal Revenue Service	
Amount (\$) \$0.01 <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 <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: 11/16 Rpt: 53/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/31/2024	5 Payee name Internal Revenue Service	
6 Amount (\$) \$0.01 <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2024	Candidate/Officeholder name Office sought Office held	
Payee name Intuit		
Amount (\$) \$156.70 <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		
Date 08/05/2024	Candidate/Officeholder name Office sought Office held	
Payee name Intuit		
Amount (\$) \$156.70 <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		

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: 12/16 Rpt: 54/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 09/03/2024	5 Payee name Intuit	
6 Amount (\$) \$169.49 <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 09/06/2024	Payee name Joan Huffman Campaign	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3375 Westpark Dr. Ste 135 Houston, TX 77005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Lois Kolkhorst Campaign	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2546 Brenham, TX 77834	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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: 13/16 Rpt: 55/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 09/06/2024	5 Payee name Molly Cook Campaign	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 667238 Houston, TX 77266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2024	Payee name Monarch Trophies	
Amount (\$) \$234.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 16227 San Pedro Ave San Antonio, TX 78232	
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 Awards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Nathan Johnson Campaign	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 670994 Dallas, TX 75367	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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: 14/16 Rpt: 56/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 09/06/2024	5 Payee name Sam Harless Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6630 Cypresswood Dr., Suite 150 Spring, TX 77379	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Suleman Lanai Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12550 Emily Court, Suite 300 Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Texans for Charles Schwertner	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2448 Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contributions
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: 15/16 Rpt: 57/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 09/06/2024	5 Payee name The Greg Bonnen Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 174 Calder Rd, Ste 116 League City, TX 77573	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name The UPS Store	
Amount (\$) \$62.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 215 W Bandera Rd Boerne, TX 78006	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	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) Fees	(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 fee
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: 16/16 Rpt: 58/60	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
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4 Date 09/03/2024	5 Payee name Wells Fargo Bank N.A.
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6 Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2019 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2024	Payee name Wells Fargo Bank N.A.
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Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2019 Austin, TX 78768
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/05/2024	5 Payee name Imperium Public Affairs	
6 Amount (\$) 7,200.00 <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
Date 08/08/2024	Payee name Imperium Public Affairs	
Amount (\$) 7,200.00 <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
Date 09/04/2024	Payee name Imperium Public Affairs	
Amount (\$) 7,200.00 <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

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: 1/1 Rpt: 60/60

2 FILER NAME

Texas Radiological Society PAC

3 Filer ID (Ethics Commission Filers)
00056103

4 Date 07/31/2024	5 Name of person from whom amount is received WellsFargo Bank	8 Amount (\$) \$0.05
	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 08/31/2024	Name of person from whom amount is received WellsFargo Bank	Amount (\$) \$0.05
	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 09/26/2024	Name of person from whom amount is received WellsFargo Bank	Amount (\$) \$5,244.00
	Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228	
	Purpose for which amount is received unrealized gain <input type="checkbox"/> Check if political contribution returned to filer	