#### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00056103	2 Total pages filed: 60
3	COMMITTEE NAME			OFFICE USE ONLY
	Texas Radiologica	I Society PAC		Date Received ELECTRONICALLY FILED 10/03/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE	
	ADDRESS	24165 IH-10 West,		Date Hand-delivered or Date Postmarked
	Change of Address	Suite 217 #150		
		San Antonio, TX 78257		Receipt # Amount
				Date Processed
				Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST		MI
	TREASURER NAME	Dr. I. Ray		
		NICKNAME LAST		SUFFIX
		Kirk		
6	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 3756 Westerman	APT / SUITE #; CITY;	STATE; ZIP CODE
	(Residence or Business)	Houston, TX 77005		
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 3756 Westerman	APT / SUITE #; CITY	; STATE; ZIP CODE
	Change of Address	Houston, TX 77005		
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 623-4070	EXTENSION	
9	REPORT	January 15 X 30	Oth day before election	Dissolution (Attach PAC-DR)
	TYPE	July 15	h day before election	10th day after campaign treasurer termination
10	PERIOD COVERED	Month Day Year 07/01/2024 Th	Month Day HROUGH 09/26/2024	Year 4
11	ELECTION		ELECTION TYPE Primary Runoff General Special	Other
		GO 1	TO PAGE 2	
Fo	rms provided by Tex	xas Ethics Commission www.et	thics.state.tx.us	Version V4.1.0.48da51f7

#### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Radiological So	ciety PAC		0005610	03
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	<ul> <li>POLITICAL CONTRIBUTIONS (OTHER THAN</li> <li>OR GUARANTEES OF LOANS, OR</li> <li>ADE ELECTRONICALLY)</li> <li>qualifies for the higher itemization threshold</li> </ul>	\$	0.00
	2. TOTAL POLITICA		\$	74 700 00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	<b>v</b>	71,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	25,860.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	339,556.72
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	1		I	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
			ay Kirk	
		Signature of Car	npaign Trea	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
	-	, th	is the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of of	fficer administering oath
Forms provided by Texas I	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

## FORM GPAC COVER SHEET PG 3

3 of 60

17 COMMIT	(Ethics Commission Filers)		
	Radiological Society PAC	00056103	1
	JLE SUBTOTALS F SCHEDULE	SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 71,700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 25,860.17
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	<b>\$</b> 21,600.00
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	<b>\$</b> 5,244.10

**SUBTOTALS - GPAC** 

Tŀ	ne Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/39 Rpt: 4/60
2 FIL	LER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		logical Society PAC		00056103
<b>4</b> Da	ate	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
08	8/30/2024	Alexander, Ryan (Dr.)		\$250.00
		6 Contributor address; City; State; Zip Code		
		Fort Worth, TX 76104-3146		
		pation / Job title (See Instructions)	9 Employer (See Instruction:	
Ra	adiologist		Radiology Associates o	of North Texas
Da	ate	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
08	8/30/2024	Alian, Ali		\$250.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75219		
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
Ra	adiologist		UTSW	
Da	ate	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
08	8/30/2024	Andrews, Eric (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75208-0109		
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
Ra	adiologist		RANT	
Da	ate	Full name of contributor 🛛 out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
08	8/30/2024	Andrews, John (Dr.)		\$160.00
		Contributor address; City; State; Zip Code		
		Tyler, TX 75701-1832		
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
Ra	adiologist		Tyler Radiologist Assoc	ciates
Da	ate	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
08	8/30/2024	Andring, Brice (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		
		-		
		Fort Worth, TX 76104-3146		
Pri	incipal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
Ra	adiologist		Radiology Associates o	of North Texas

-					
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/39 Rpt: 5/60	
2	FILER NAME			3 Filer ID (Ethics Commission	n Filers)
		ological Society PAC		00056103	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	08/30/2024	Anene M.D., Alvin (Dr.)			\$250.00
		6 Contributor address; City; State; Zip Code			
		Dallas, TX 75390-8896			
8		pation / Job title (See Instructions)	9 Employer (See Instructions		
	Radiologist		Radiology Associates o		
	Date		)	Amount of Contribution (\$)	
	08/30/2024				\$250.00
		Contributor address; City; State; Zip Code			
		Houston, TX 77024-2137			
┝	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Radiologist		Virtual Radiologic Corpo		
╞					
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Appel M.D., Noah (Dr.)	)	Amount of Contribution (\$)	\$250.00
	00/30/2024				Φ230.00
		Contributor address; City; State; Zip Code			
		Dallas, TX 75287			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Physician		Radiology Associates o	f North Texas	
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
	07/16/2024	Arbona M.D., Jose (Dr.)			\$500.00
		Contributor address; City; State; Zip Code			
		Boerne, TX 78006-8487			
		pation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist		South Texas Radiology	Group	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	08/30/2024	Armstrong M.D., Stephen (Dr.)			\$166.50
		Contributor address; City; State; Zip Code			
		Tyler, TX 75701			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist		Tyler Radiology Associa		
⊢	. aanoiogist				

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/39 Rpt: 6/60
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	logical Society PAC		00056103
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/30/2024	Aronson M.D., Stuart (Dr.)		\$186.50
	6 Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76109		
	pation / Job title (See Instructions)	9 Employer (See Instructions	·
Radiologist		Radiology Associates of	f North Texas
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/30/2024	Ashton, Daniel (Dr.)		\$250.00
	Contributor address; City; State; Zip Code		•
	Katy, TX 77494-3890		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Radiologist		RANT	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/16/2024	Auber, Andrew E. (Dr.)		\$2,500.00
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78209-8307		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Radiologist		South Texas Radiology	Group
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/26/2024	Austin Radiological Association		\$10,000.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78765		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/30/2024	Bageac, Alexandru (Dr.)		\$250.00
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76104		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Radiologist		RANT	

	The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/39 Rpt: 7/60	
2	FILER NAME			3 Filer ID (Ethics Commission File	ers)
		ological Society PAC		00056103	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	08/30/2024	Barker, Brett (Dr.)		\$2	250.00
		6 Contributor address; City; State; Zip Code		1	
		Texarkana, TX 75504-1831	1		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	,	
	Radiologist		Radiology Associates of		
	Date	——————————————————————————————————————	)	Amount of Contribution (\$)	_
	08/30/2024	Barr, Patrick W. (Dr.)		\$1	186.50
		Contributor address; City; State; Zip Code			
_	Dringing occi	Dallas, TX 75254-7625 upation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist		Radiology Associates of		
⊢	_				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	08/30/2024	Becker, Justin (Dr.)		φ2 •	250.00
		Contributor address; City; State; Zip Code			
		Fort Worth, TX 76104-3146			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ι</u> s)	
	Radiologist		Radiology Associates of	f North Texas	
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
	08/30/2024	Blanch, Robert (Dr.)			250.00
		Denison, TX 75020-4584			
		upation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist		Radiology Associates of	f North Texas	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	08/30/2024	Bodiwala M.D., Ravi (Dr.)		\$2	250.00
		Contributor address; City; State; Zip Code		1	
		Southlake, TX 76092-1324	1		
		upation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist		Radiology Associated of	f North Texas	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/39 Rpt: 8/60	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		blogical Society PAC			00056103	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	08/30/2024	Boolchand, Jayant (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Plano, TX 75093-3306	· · · · ·			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Radiologist		RANT	-		
	Date	—	)		Amount of Contribution (\$)	_
	08/30/2024					\$250.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76104-3146		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	S)		
	Radiologist		RANT	-		
	Date		)		Amount of Contribution (\$)	
	08/30/2024	Boren M.D., Bryant (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75220-1949				
$\vdash$	Dringinal occu	upation / Job title (See Instructions)	Employor (Soo Instructions			
	Radiologist		Employer (See Instructions Radiology Associates of		orth Texas	
╞	_			<u>, , , , , , , , , , , , , , , , , , , </u>		
	Date		)		Amount of Contribution (\$)	ቀንድሳ በበ
	08/30/2024	Bosemani M.D., Thangamadhan (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Radiologist		Radiology Associates of		orth Texas	
╞	Date	Full name of contributor Out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
	08/30/2024	Full name of contributor out-of-state PAC (ID#: Bowman M.D., Rodney (Dr.)	)			\$250.00
	00/00/2021	Contributor address; City; State; Zip Code		·		Ψ200.00
		Continuation address, City, State, Lip Code				
		Dallas, TX 75209-6024				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Radiologist		Radiology Associates of		orth Texas	
-						

File To You Texas Radiological Society PAC     Society PA	The Instru	iction Guide explains how to complete this f	örm.	1 Total pages Schedule A1:	
Texas Radiological Society PAC       0005613         4 Date       \$ Full name of contributor				Sch: 6/39 Rpt: 9/60	
4       Date       5       Full name of contributor       out-of-state PAC (D#:					ו Filers)
08/30/2024       Bressler M.D., Robert K. (Dr.)       \$250.00         6       Contributor address; City, State; Zip Code       \$250.00         7       Fort Worth, TX 76104       \$2         8       Principal occupation / Job title (See Instructions) Radiology Associates of North Texas       Amount of Contribution (S)         08/30/2024       Bundy M.D., Scott A. (Dr.)       Amount of Contribution (S)       \$250.00         08/30/2024       Bundy M.D., Scott A. (Dr.)       Amount of Contribution (S)       \$250.00         Contributor address; City; State; Zip Code       Dalas, TX 75205       Amount of Contribution (S)       \$250.00         Principal occupation / Job title (See Instructions) Radiology Associates of North Texas       Amount of Contribution (S)       \$250.00         08/30/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (S)       \$250.00         08/30/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (S)       \$250.00         08/30/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (S)       \$250.00         08/30/2024       Full name of contributor       out-of-state PAC (ID#       Amount of Contribution (S)       \$250.00         08/30/2024       Full name of contributor       out-of-state PAC (ID# <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
6       Contributor address; City, State; Zip Code         Fort Worth, TX 76104       9         8       Principal occupation / Job title (See Instructions) Radiology Associates of North Texas         Date       Full name of contributor			)	7 Amount of Contribution (\$)	+0-0 00
Fort Worth, TX 76104       9       Employer (See Instructions) Radiologist       9       Employer (See Instructions) Radiology Associates of North Texas         Date 08/30/2024       Full name of contributor	08/30/2024				\$250.00
B       Principal occupation / Job title (See Instructions) Radiologist       9       Employer (See Instructions) Radiology Associates of North Texas         Date 08/30/2024       Full name of contributor out-of-state PAC (ID#		6 Contributor address; City; State; Zip Code			
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					
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 out-of-state PAC (ID#:		Fort Worth, TX 76104			
Radiologist       Radiology Associates of North Texas         Date       Full name of contributor	8 Principal occu		9 Employer (See Instructions	<u> </u>	
08/30/2024       Bundy M.D., Scott A. (Dr.)       \$250.00         Contributor address; City; State; Zip Code       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       Radiology Associates of North Texas         Date       Full name of contributor out-of-state PAC (ID#:					
08/30/2024       Bundy M.D., Scott A. (Dr.)       \$250.00         Contributor address; City; State; Zip Code       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       Full name of contributor out-of-state PAC (ID#;	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code			,		\$250.00
Dallas, TX 75205       Employer (See Instructions) Radiologist       Employer (See Instructions) Radiology Associates of North Texas         Date       Full name of contributor       out-of-state PAC (ID#:) Butler, Ray (Dr.)       Amount of Contribution (\$) \$250.00         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$250.00         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT       Amount of Contribution (\$) \$250.00         Date       Full name of contributor       out-of-state PAC (ID#:					• -
Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) Radiology Associates of North Texas         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Butler, Ray (Dr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Fort Worth, TX 76109-4726       Fort Worth, TX 76109-4726       Employer (See Instructions) RANT       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions) RANT       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor					
Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) Radiology Associates of North Texas         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Butler, Ray (Dr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Fort Worth, TX 76109-4726       Fort Worth, TX 76109-4726       Employer (See Instructions) RANT       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions) RANT       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor					
Radiologist       Radiology Associates of North Texas         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Butler, Ray (Dr.)       \$250.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$250.00         Fort Worth, TX 76109-4726       Employer (See Instructions)       Ranv         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Radiologist       Full name of contributor       RANT         Date       Full name of contributor       Amount of Contribution (\$)         08/30/2024       Caldwell M.D., Jason (Dr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor		Dallas, TX 75205			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Butler, Ray (Dr.)       \$250.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$250.00         Fort Worth, TX 76109-4726       Employer (See Instructions)       \$250.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$250.00         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$250.00         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$250.00         08/30/2024       Caldwell M.D., Jason (Dr.)       Amount of Contribution (\$)       \$250.00         Contributor address; City; State; Zip Code       Dallas, TX 75204-5518       Amount of Contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		upation / Job title (See Instructions)			
08/30/2024       Butler, Ray (Dr.)       \$250.00         Contributor address; City; State; Zip Code       Fort Worth, TX 76109-4726         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         O8/30/2024       Full name of contributor out-of-state PAC (ID#:)         Caldwell M.D., Jason (Dr.)       Caldwell M.D., Jason (Dr.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Dallas, TX 75204-5518       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Radiologist		Radiology Associates of	f North Texas	
Contributor address; City; State; Zip Code         Fort Worth, TX 76109-4726         Principal occuztion / Job title (See Instructions)         Radiologist         Date         Full name of contributor			)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Fort Worth, TX 76109-4726         Principal occution / Job title (See Instructions)       Employer (See Instructions)         Radiologist       RANT         Date       Full name of contributor out-of-state PAC (ID#:)         O8/30/2024       Full name of contributor out-of-state PAC (ID#:)         Caldwell M.D., Jason (Dr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Dallas, TX 75204-5518       Employer (See Instructions)         Principal occution / Job title (See Instructions)       Employer (See Instructions)	08/30/2024				\$250.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       RANT         Date       Full name of contributor out-of-state PAC (ID#:)         08/30/2024       Caldwell M.D., Jason (Dr.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Dallas, TX 75204-5518       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			ļ	1	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       RANT         Date       Full name of contributor out-of-state PAC (ID#:)         08/30/2024       Caldwell M.D., Jason (Dr.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Dallas, TX 75204-5518       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       RANT         Date       Full name of contributor out-of-state PAC (ID#:)         08/30/2024       Caldwell M.D., Jason (Dr.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Dallas, TX 75204-5518       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Fort Worth TX 76109-4726			
Radiologist       RANT         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Caldwell M.D., Jason (Dr.)	Principal occu		Employer (See Instructions	<u> </u>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Caldwell M.D., Jason (Dr.)       \$250.00         Contributor address; City; State; Zip Code       Dallas, TX 75204-5518       Principal occupation / Job title (See Instructions)				<i>')</i>	
08/30/2024       Caldwell M.D., Jason (Dr.)       \$250.00         Contributor address; City; State; Zip Code       Dallas, TX 75204-5518         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Lull name of contributor		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Dallas, TX 75204-5518         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			/		\$250.00
Dallas, TX 75204-5518       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	00,00,202				<b><i><b>4</b></i>200</b> .0 <b>2</b>
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	·	Dallas, TX 75204-5518			
Radiologist Radiology Associates of North Texas	Radiologist		Radiology Associates of	f North Texas	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024 Callahan, Brendon (Dr.) \$250.00	08/30/2024	Callahan, Brendon (Dr.)			\$250.00
Contributor address; City; State; Zip Code		Contributor address; City; State; Zip Code			
Fort Worth, TX 76104-3146	Duin single age			Į	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Padiologist				\$)	
Radiologist RANT	Raulologisi				

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/39 Rpt: 10/60
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		ological Society PAC		00056103
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	08/30/2024	Casolo M.D., B. James (Dr.)		\$250.00
		6 Contributor address; City; State; Zip Code		1
		Fort Worth, TX 76104-3146	 	
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	Radiologist		Radiology Associates of	f North Texas
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Chandler, Adam (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76132-3750		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Radiologist		Radiology Associates of	f North Texas
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Chaudry, Shoeb (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76104-3146		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Radiologist		RANT	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Chen, Ying (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76104-3146		
		pation / Job title (See Instructions)	Employer (See Instructions	6)
	Radiologist		RANT	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Chen M.D., Lee (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76104		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Radiologist		Radiology Associates of	f North Texas, PA

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 8/39 Rpt: 11/60	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	n Filers)
	iological Society PAC		00056103	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024				\$250.00
	6 Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76104-2224			
	cupation / Job title (See Instructions)	9 Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date		)	Amount of Contribution (\$)	
08/30/2024				\$250.00
	Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76132-4428			
-	cupation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/30/2024	<b>S</b> ,			\$250.00
	Contributor address; City; State; Zip Code		1	
	Dallas, TX 75230-3106	-i		
	cupation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/30/2024				\$250.00
	Contributor address; City; State; Zip Code		1	
	Houston, TX 77008			
	cupation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of		
Date	Full name of contributor     out-of-state PAC (ID#:)	)	Amount of Contribution (\$)	
07/16/2024	Church M.D., Daniel G. (Dr.)			\$100.00
	Contributor address; City; State; Zip Code		]	
	San Antonio, TX 78258-1623			
	cupation / Job title (See Instructions)	Employer (See Instructions		
Radiologist	;	South Texas Radiology	group, PA	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/39 Rpt: 12/60
2 FILER NAME Texas Radiol	logical Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 08/30/2024	5 Full name of contributor out-of-state PAC (ID#: Comay, Matthew (Dr.)		<ul><li>7 Amount of Contribution (\$)</li><li>\$250</li></ul>
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
8 Principal occup Radiologist	pation / Job title (See Instructions)	9 Employer (See Instructions Radiology Associates of	
Date 08/30/2024	Conrad M.D., Jason A. (Dr.)	)	Amount of Contribution (\$) \$250
	pation / Job title (See Instructions)	Employer (See Instructions	
Radiologist		Radiology Associates of	f North Texas
Date 08/30/2024	Crandall M.D., Benjamin (Dr.)	)	Amount of Contribution (\$) \$250
Principal occur	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions	s)
Radiologist	· · · · · ·	Radiology Associates of	
Date 08/30/2024	Crowhurst M.D., Brian (Dr.)	)	Amount of Contribution (\$) \$186
	Dallas, TX 75206-6035		
Principal occup Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology of North Texa	
Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Crum , Charles (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104		Amount of Contribution (\$) \$250
Principal occup Radiologist	pation / Job title (See Instructions)	Employer (See Instructions RANT	\$)

	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/39 Rpt: 13/60	
2 FILER NAME Texas Radio	logical Society PAC		3 Filer ID (Ethics Commissio 00056103	on Filers)
4 Date 08/30/2024	5 Full name of contributor out-of-state PAC (ID#: David, James K. (Dr.)		7 Amount of Contribution (\$)	\$250.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76132			
8 Principal occu Radiologist	pation / Job title (See Instructions)	9 Employer (See Instructions Radiology Associates of		
Date 08/30/2024	DeQuesada, Ivan (Dr.) Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$250.00
Principal occu Radiologist	Fort Worth, TX 76104-3146 pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of		
Date 07/16/2024	Dix M.D., James E. (Dr.)	)	Amount of Contribution (\$)	\$1,000.00
	1			
	San Antonio, TX 78229-5907 pation / Job title (See Instructions)	Employer (See Instructions		
Principal occu Radiologist	I pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	Group	
	Full name of contributor out-of-state PAC (ID#: Donepudi M.D., Jyotsna (Dr.)			\$250.00
Radiologist Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Donepudi M.D., Jyotsna (Dr.) Contributor address; City; State; Zip Code Colleyville, TX 76034-3663	South Texas Radiology	Group Amount of Contribution (\$)	\$250.00
Radiologist Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Donepudi M.D., Jyotsna (Dr.) Contributor address; City; State; Zip Code	South Texas Radiology	Group Amount of Contribution (\$)	\$250.00
Radiologist Date 08/30/2024 Principal occu	Full name of contributor out-of-state PAC (ID#: Donepudi M.D., Jyotsna (Dr.) Contributor address; City; State; Zip Code Colleyville, TX 76034-3663	South Texas Radiology ) Employer (See Instructions Radiology Associates of	Group Amount of Contribution (\$)	\$250.00

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i ne instru	iction Guide explains how to complete this f	orm.	Sch: 11/39 Rpt: 14/60	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	ological Society PAC		00056103	
4 Date	<b>5</b> Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024	Dyke M.D., Allen (Dr.)			\$250.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104-3146			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Radiology		Radiology Associates of		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/30/2024	Eckert, Scott (Dr.)	)	Amount of Contribution (\$)	\$250.00
00/30/2024				Ψ230.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75701			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Radiologist		Tyler Radiology Associa	ates	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/30/2024	Eickenhorst M.D., Daniel (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104-3146			
	upation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date		)	Amount of Contribution (\$)	
08/30/2024	Enriquez, Jose (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79765			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Radiologist		RANT	·)	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)	
08/30/2024		)		\$250.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104-3146			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Radiologist		Radiology Associates of	f North Texas	

	The Instru	iction Guide explains how to complete this f	örm.	1 Total pages Schedule A1:
				Sch: 12/39 Rpt: 15/60
	FILER NAME			3 Filer ID (Ethics Commission Filers)
		ological Society PAC		00056103
	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	08/30/2024			\$250.00
		6 Contributor address; City; State; Zip Code		1
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		Fort Worth, TX 76126-1906		Į
		upation / Job title (See Instructions)	9 Employer (See Instructions Radiology Associates of	
	Radiology		Radiology Associates of	1
	Date		)	Amount of Contribution (\$)
	08/30/2024			\$250.00
		Contributor address; City; State; Zip Code		1
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			I	
<u> </u>		Fort Worth, TX 76104		
		upation / Job title (See Instructions)	Employer (See Instructions	,
	Radiologist		Radiology Associates of	
	Date		)	Amount of Contribution (\$)
	08/30/2024	Fiesta M.D., Matthew (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		]
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		Fort Market TV 76107 1796	I	
<u> </u>	Principal aca	Fort Worht, TX 76107-1726 upation / Job title (See Instructions)	Employer (See Instructions	Į
	Radiologist		Radiology Associates of	
	-			
	Date		)	Amount of Contribution (\$)
	08/30/2024			\$186.50
		Contributor address; City; State; Zip Code	I	
			I	
		Colleyville, TX 76034-6618	I	
├	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>
	Radiologist		Radiology Associates of	
				-
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Galante M.D., Nicholas (Dr.)	)	Amount of Contribution (\$) \$250.00
	0013012027			ψευυ.υυ •
		Contributor address; City; State; Zip Code	I	
		Dallas, TX 75205		
⊢	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Radiologist		Radiology of North Texa	
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Th	e Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/39 Rpt: 16/60	
2 FIL	ER NAME			3 Filer ID (Ethics Commission F	Filers)
		ological Society PAC		00056103	nore,
4 Dat	te	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/	/30/2024	Garmer M.D., D. Joe (Dr.)			\$250.00
		6 Contributor address; City; State; Zip Code			
		Dallas, TX 75208-2338			
8 Prir	ncipal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Ra	diologist		Radiology Associates of	f North Texas	
Dat	te	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/	/30/2024	Geppert, Stephen (Dr.)			\$250.00
		Contributor address; City; State; Zip Code		•	
		Fort Worth, TX 76104-3146			
Prir	ncipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Ra	diologist		Radiology Associates of	f North Texas	
Dat	te	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/	/30/2024	Gerstle, Ronald (Dr.)			\$250.00
		Contributor address; City; State; Zip Code		•	
		Fort Worth, TX 76132-3757			
		upation / Job title (See Instructions)	Employer (See Instructions		
Ra	diologist		Radiology Associates of	f North Texas	
Dat	te	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/	/30/2024	Giles, Brian (Dr.)			\$250.00
		Contributor address; City; State; Zip Code		1	
		Fort Worth, TX 76104-3146			
		upation / Job title (See Instructions)	Employer (See Instructions	3)	
Ra	diologist		RANT		
Dat	te	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/	/16/2024	Golden M.D., David A. (Dr.)			\$500.00
		Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
		San Antonio, TX 78231-1440			
		upation / Job title (See Instructions)	Employer (See Instructions		
Ra	diologist		South Texas Radiology	Group, PA	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/39 Rpt: 17/60
2 FILER NAME Texas Radio	elogical Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
08/30/2024			\$250.00
	6 Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76107		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Radiologist		RANT	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/30/2024	Graham, Timothy (Dr.)		\$250.00
<u> </u>	Longview, TX 75604		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Radiologist		RANT	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/30/2024	Granaghan M.D., Richard (Dr.)		\$186.50
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109-1031		
	upation / Job title (See Instructions)	Employer (See Instructions	
Radiologist		Radilogy associates of N	North Texas
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/16/2024	Granato, Michael (Dr.)	ļ	\$500.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 76104-7800		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Radiologist		South Texas Radiology	
_	Full name of contributor Out-of-state PAC (ID#:		
Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Gray M.D., John (Dr.)	/	Amount of Contribution (\$) \$250.00
			· · · · · · · · · · · · · · · · · · ·
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76104-3146		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Radiologist		Radiology Associates of	

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/39 Rpt: 18/60
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		blogical Society PAC		00056103
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	08/30/2024	Gregory M.D., William (Dr.)		\$250.00
		6 Contributor address; City; State; Zip Code		1
	Dringing occ	Colleyville, TX 76034-4244	Employer (See Instructions	
ð	Radiologist	upation / Job title (See Instructions)	9 Employer (See Instructions Radiology Associates of	
⊨				
	Date	—	)	Amount of Contribution (\$)
	07/16/2024	Gupta, Shiva (Dr.)		\$100.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77030-3722		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Radiologist		UT MD Anderson	<i>,</i>
⊢	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Gupton, Theodore (Dr.)	/	\$250.00
				•
		Dallas, TX 75205		
		upation / Job title (See Instructions)	Employer (See Instructions	s)
	Radiologist		RANT	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Hall, Jeremy (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		1
		Fort Worth, TX 76104-3146		Į
		upation / Job title (See Instructions)	Employer (See Instructions RANT	3)
╘	Radiologist	1		T
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Hall M.D., Katherine (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		
		Dallas, TX 75220-2134		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
	Radiologist		Radiology Associates of	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/39 Rpt: 19/60	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	n Filers)
	logical Society PAC		00056103	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024	Hamilton M.D., Clint D. (Dr.)			\$250.00
	6 Contributor address; City; State; Zip Code		1	
	Dallas, TX 75254-7647	1		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Radiologist		Radiology Associates of	1	
Date		)	Amount of Contribution (\$)	
08/30/2024				\$250.00
	Contributor address; City; State; Zip Code			
	Sherman, TX 75092			
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Radiologist		RANT	5)	
			1 Amount of Contribution (¢)	
Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Hammons M.D., Douglas (Dr.)	)	Amount of Contribution (\$)	\$250.00
00/30/2024				φ200.00
	Contributor address; City; State; Zip Code			
	Mansfield, TX 76063-5063			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/30/2024	Harr M.D., Craig A. (Dr.)			\$250.00
	Contributor address; City; State; Zip Code		1	
	Aledo, TX 76008	<u>1 /2</u>		
	pation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Healsey M.D., David (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Radiologist		Radiology Associates of		

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 17/39 Rpt: 20/60	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	)
	ological Society PAC		00056103	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024	Hill, Michael (Dr.)		\$174	1.00
	6 Contributor address; City; State; Zip Code		1	
	Texarkana, TX 75503			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Radiologist		RANT	5)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Hobbs, George (Dr.)		\$250	0.00
	Colleyville, TX 76034			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Radiologist		Radiology Associates o	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	·	Amount of Contribution (\$)	
08/30/2024	Horstman M.D., William G. (Dr.)		\$250	).00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104	i		
•	pation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates o	f North Texas	
Date	—	)	Amount of Contribution (\$)	
09/16/2024	Houston Radiology Associated		\$5,000	).00
	Contributor address; City; State; Zip Code			
	Houston TX 77020			
Dringing ogg		Employer (See Instruction		
Phillipal Occu			5)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
08/30/2024	Huff, Joshua A. (Dr.)		\$250	).00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76116-0697			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates o	f North Texas	
Date	Huff, Joshua A. (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	 ).(
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Radiologist		Radiology Associates o	f North Texas	

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The Instr	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 18/39 Rpt: 21/60	
2 FILER NAM	 IF		3 Filer ID (Ethics Commission	ı Filers)
	diological Society PAC		00056103	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
08/30/2024				\$250.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104-3146			
	cupation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Radiologis	t	RANT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024				\$250.00
	Contributor address; City; State; Zip Code		1	
	Allen, TX 75002-7319			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions		
Radiologis	t	Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/30/2024				\$250.00
	Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76104-3146			
	cupation / Job title (See Instructions)	Employer (See Instructions	s)	
Radiologis	t	RANT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024				\$250.00
	Contributor address; City; State; Zip Code		•	
	Fort Worth, TX 76104			
	cupation / Job title (See Instructions)	Employer (See Instructions		
Radiologis	t	Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/30/2024	4 Jancowski M.D., Luis A. (Dr.)			\$250.00
	Contributor address; City; State; Zip Code		1	
	Frisco, TX 75034-2666			
	cupation / Job title (See Instructions)	Employer (See Instructions		
Radiologis	t	Radiology Associates of	f North Texas	
		<u> </u>		
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	The Instru	ction Guide explains how to complete tl	his form.	1	Total pages Schedule A1: Sch: 19/39 Rpt: 22/60	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
- 		ological Society PAC		_	00056103	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	08/30/2024	Jaster, Adam (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code		····		
		Fort Worth, TX 76104-3146				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instruction	ns)		
	Radiologist		RANT			
⊨	Date	Full name of contributor Out-of-state PAC	(ID#:)	Т	Amount of Contribution (\$)	
	08/30/2024	Jeelani, Faraz (Dr.)	(12)			\$250.00
	-					
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Radiologist		RANT			
╞	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	08/30/2024	Jensen, Richard (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104-3146				
		pation / Job title (See Instructions)	Employer (See Instruction			
	Radiologist		Radiology Associates	of No	orth Texas	
	Date	Full name of contributor out-of-state PAC	: (ID#:)		Amount of Contribution (\$)	
	08/30/2024	Kayser M.D., Scott (Dr.)				\$250.00
		Contributor address; City; State; Zip Code		····		
		Keller, TX 76248-8489				
		pation / Job title (See Instructions)	Employer (See Instruction			
	Radiologist		Radiology Associates			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	08/30/2024	Ketkar, Manoj (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
	<u> </u>	Fort Worth, TX 76104-3146				
		pation / Job title (See Instructions)	Employer (See Instruction		4 <b>-</b>	
	Radiologist		Radiology Associates	OT INC	orth Texas	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 20/39 Rpt: 23/60	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	blogical Society PAC		00056103	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024	Kilgore M.D., David (Dr.)			\$186.50
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104-3146	1		
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Radiologist		Texas Neuroradiology,	PA	
Date		)	Amount of Contribution (\$)	
08/30/2024	Kim, Won (Dr.)			\$186.50
	Contributor address; City; State; Zip Code			
	Inving TV 75020 6254			
Drincinal occu	Irving, TX 75038-6254 upation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates o		
_				
Date		)	Amount of Contribution (\$)	¢106 E0
08/30/2024				\$186.50
	Contributor address; City; State; Zip Code			
	Dallas, TX 75231			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Kogan M.D., James (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092-9423			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/30/2024	Kuenstler M.D., Kristi M. (Dr.)			\$166.50
	Contributor address; City; State; Zip Code		]	
	Fort Worth, TX 76108-9202	<u> </u>		
-	upation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 21/39 Rpt: 24/60	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	- ological Society PAC		00056103	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
08/30/2024				\$250.00
	6 Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76104-3146			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
07/16/2024				\$1,000.00
	Contributor address; City; State; Zip Code		•	
	San Antonio, TX 78209-0433			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Radiologist		South Texas Radiology	Group	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/16/2024	Lao, Jordan (Dr.)			\$500.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78209-8332			
	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Diagnostic F	Radiologist	STRG		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024				\$250.00
	Contributor address; City; State; Zip Code		•	
	Dallas, TX 75254-8603			
	upation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Leihgeber, Timothy (Dr.)			\$186.50
	Contributor address; City; State; Zip Code		1	
	Tyler, TX 75701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Tyler Radiology Associa	ates	
1				

	es Schedule A1: 39 Rpt: 25/60
	(Ethics Commission Filers)
) <b>7</b> Amount o	f Contribution (\$)
	\$250.00
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) Amount o	f Contribution (\$)
	\$250.00
ployer (See Instructions)	
diology Associates of North Texas	S
) Amount o	f Contribution (\$)
	\$250.00
ployer (See Instructions)	
diology Associates of North Texas	5
) Amount o	f Contribution (\$)
	\$250.00
	\$250.00
	\$250.00
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nployer (See Instructions)	\$250.00
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nployer (See Instructions) ler Radiology Associates	\$250.00
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nployer (See Instructions) ler Radiology Associates	f Contribution (\$)
nployer (See Instructions) ler Radiology Associates	f Contribution (\$) \$250.00
	3       Filer ID         0005610

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 23/39 Rpt: 26/60	
2 FILER NAME Texas Radio	plogical Society PAC		<b>3</b> Filer ID (Ethics Commission 00056103	Filers)
4 Date 08/30/2024	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$250.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76104			
8 Principal occu Radiologist	ipation / Job title (See Instructions)	9 Employer (See Instructions Radiology Associates of		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	McCaslin, Justin (Dr.)			\$250.00
	Fort Worth, TX 76104-3146			
Principal occu Radiologist	ipation / Job title (See Instructions)	Employer (See Instructions RANT	s)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/30/2024	McCrary M.D., Michael W. (Dr.) Contributor address; City; State; Zip Code			\$250.00
	Fort Worth, TX 76109			
Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/30/2024	McGee, Thomas (Dr.)			\$186.50
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104-3146			
Principal occu Radiologist	ipation / Job title (See Instructions)	Employer (See Instructions RANT	s)	
Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: McMillan, Christopher (Dr.) Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$250.00
	Texarkana, TX 75501-5175	Frankrig (2		
Principal occu Radiologist	ipation / Job title (See Instructions)	Employer (See Instructions RANT	)	

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	The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 24/39 Rpt: 27/60	
2	FILER NAME			3 Filer ID (Ethics Commission	on Filers)
ľ		- ological Society PAC		00056103	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	08/30/2024				\$250.00
		6 Contributor address; City; State; Zip Code		1	
		Fort Worth, TX 76109			
8		upation / Job title (See Instructions)	9 Employer (See Instructions		
	Radiologist		Radiology Associates of	f North Texas	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	07/16/2024				\$1,000.00
		Contributor address; City; State; Zip Code		1	
		San Antonio, TX 78209-2859			
		upation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist		South Texas Radiology	Group	
_	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	07/16/2024				\$500.00
		Contributor address; City; State; Zip Code		1	
		San Antonio, TX 78212			
		upation / Job title (See Instructions)	Employer (See Instructions	5)	
	Radiologist		STRG		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	07/16/2024				\$1,000.00
		Contributor address; City; State; Zip Code		1	
		San Antonio, TX 78229-5907	<b>1</b>		
		upation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist		South Texas Radiology	-	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	08/30/2024	Miller, III, Carl (Dr.)			\$250.00
		Contributor address; City; State; Zip Code		]	
		Fort Worth, TX 76104	- <del>i</del>		
		upation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist		Radiology Associates of	f North Texas	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 25/39 Rpt: 28/60	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	logical Society PAC		00056103	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024	Miller, Jon (Dr.)			\$250.00
	6 Contributor address; City; State; Zip Code		1	
	Keller, TX 76248			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Mitchell, C. Matthew (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76126			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Moate M.D., Michelle (Dr.)			\$186.50
	Contributor address; City; State; Zip Code			
	Coppell, TX 75019-4525			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiological Consultant	s Association	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Niehus, Joe (Dr.)			\$250.00
	Contributor address; City; State; Zip Code		1	
	Sherman, TX 75090-5243			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Radiologist		RANT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Oliver M.D., Qian (Dr.)			\$250.00
	Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76104-3146			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Radiologist		Radiology Associates of	f North Texas	
Radiologist		Radiology Associates of	f North Texas	

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The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 26/39 Rpt: 29/60	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	- ological Society PAC		00056103	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024		l		\$164.00
	6 Contributor address; City; State; Zip Code		1	
		I		
	Dallas, TX 75229-3806			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024		I		\$166.50
	Contributor address; City; State; Zip Code		1	
		I		
	Fort Worth, TX 76104			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024		I		\$250.00
	Contributor address; City; State; Zip Code			
		I		
	Houston, TX 76104-3146			
	upation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024				\$250.00
	Contributor address; City; State; Zip Code		•	
	Fort Worth, TX 76104-3146			
·	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Radiologist		RANT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Pettibon, Keith (Dr.)	I		\$250.00
	Contributor address; City; State; Zip Code			
		I		
	Fort Worth, TX 76104			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Radiology		Radiology Associates of	f North Texas	
-	Jpation / Job title (See Instructions)			
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 27/39 Rpt: 30/60	
2 FILER NAME			3 Filer ID (Ethics Commission	ı Filers)
	ological Society PAC		00056103	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024	Phelps, Charles (Dr.)			\$250.00
	6 Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76104-3146	1		
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Radiologist		RANT		
Date		)	Amount of Contribution (\$)	—
08/30/2024	Phelps M.D., David (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
D in single and	Fort Worth, TX 76132-4481		<u> </u>	
	ipation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates o	1	
Date		)	Amount of Contribution (\$)	
08/30/2024	Pilat M.D., Martin (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Radiologist		Radiology Associates o		
_				
Date		)	Amount of Contribution (\$)	ቀጋርብ በበ
08/30/2024				\$250.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75390			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Radiologist		Radiology Associates of		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/30/2024	Full name of contributor out-of-state PAC (ID#: Prokell M.D., Peter (Dr.)			\$250.00
00/00/202 .	Contributor address; City; State; Zip Code			Ψ200.00
	Continution address, City, State, Zip Code			
	Aledo, TX 76008-5817			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Radiologist		Radiology Associates of		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/39 Rpt: 31/60	
2 FILER NAME Texas Radiol	ological Society PAC		3 Filer ID (Ethics Commission 00056103	ı Filers)
	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
08/30/2024	Putegnat M.D., Burton (Dr.)			\$250.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Quadeer M.D., Rahman (Dr.)			\$250.00
	Contributor address, City, State, Zip Code	I		
		l		
	Southlake, TX 76092			
Dringingl occur		Employer (See Instruction)	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Queralt M.D., John (Dr.)	1		\$186.50
i j	Contributor address; City; State; Zip Code		1	
		1		
		1		
	Fort Worth, TX 76104			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Qureshi, Jawad (Dr.)	/		\$250.00
00/30/2024				Φ200.00
	Contributor address; City; State; Zip Code	I		
		I		
	Fort Worth, TX 76104-3146			
Principal occur	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Radiologist	,	RANT	-)	
			Amount of Contribution (¢)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	ቀጋርብ በብ
08/30/2024	Ramirez, Justin (Dr.)			\$250.00
	Contributor address; City; State; Zip Code	1		
		I		
		I		
	Fort Worth, TX 76104-3146			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Radiologist		RANT		
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The Instruct	ion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 29/39 Rpt: 32/60	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	gical Society PAC		00056103	
4 Date 5	Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
08/30/2024	Reading, David (Dr.)			\$250.00
6	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104			
	ation / Job title (See Instructions)	9 Employer (See Instructions		
Radiology		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Reeb, Jr. M.D., Robert J. (Dr.)			\$186.50
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	;)	
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Reese M.D., William G. (Dr.)			\$250.00
	Contributor address; City; State; Zip Code		•	
	Fort Worth, TX 76104			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	\$)	
Radiologist		Radiology Associates of	f North Texas	
Radiologist Date	Full name of contributor out-of-state PAC (ID#:	Radiology Associates of	f North Texas Amount of Contribution (\$)	
	Reinsmith M.D., Lance E. (Dr.)	)		\$1,000.00
Date	Reinsmith M.D., Lance E. (Dr.)			\$1,000.00
Date	Reinsmith M.D., Lance E. (Dr.)	)		\$1,000.00
Date	Reinsmith M.D., Lance E. (Dr.)	)		\$1,000.00
Date	Reinsmith M.D., Lance E. (Dr.)	)		\$1,000.00
Date 07/16/2024	Reinsmith M.D., Lance E. (Dr.) Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$1,000.00
Date 07/16/2024	Reinsmith M.D., Lance E. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78248-1610	)	Amount of Contribution (\$)	\$1,000.00
Date 07/16/2024 Principal occupa	Reinsmith M.D., Lance E. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78248-1610	)	Amount of Contribution (\$)	\$1,000.00
Date 07/16/2024 Principal occupa Radiologist	Reinsmith M.D., Lance E. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78248-1610 ation / Job title (See Instructions)	)	Amount of Contribution (\$) S) Group	\$1,000.00
Date 07/16/2024 Principal occupa Radiologist Date	Reinsmith M.D., Lance E. (Dr.)         Contributor address; City; State; Zip Code         San Antonio, TX 78248-1610         ation / Job title (See Instructions)         Full name of contributor	)	Amount of Contribution (\$) S) Group	
Date 07/16/2024 Principal occupa Radiologist Date	Reinsmith M.D., Lance E. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78248-1610 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Reuter, Robert (Dr.)	)	Amount of Contribution (\$) S) Group	
Date 07/16/2024 Principal occupa Radiologist Date	Reinsmith M.D., Lance E. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78248-1610 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Reuter, Robert (Dr.)	)	Amount of Contribution (\$) S) Group	
Date 07/16/2024 Principal occupa Radiologist Date	Reinsmith M.D., Lance E. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78248-1610 ation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Reuter, Robert (Dr.)	)	Amount of Contribution (\$) S) Group	
Date 07/16/2024 Principal occupa Radiologist Date 08/30/2024	Reinsmith M.D., Lance E. (Dr.)         Contributor address; City; State; Zip Code         San Antonio, TX 78248-1610         ation / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_         Reuter, Robert (Dr.)         Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) Amount of Contribution (\$) Group Amount of Contribution (\$)	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/39 Rpt: 33/60	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	logical Society PAC		00056103	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
08/30/2024	Riepe M.D., David (Dr.)			\$250.00
	6 Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76104			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Rizer, Magda (Dr.)			\$250.00
	Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76104-3146			
	pation / Job title (See Instructions)	Employer (See Instructions	S)	
Radiologist		RANT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Sacks, Justin (Dr.)		· · · · · · · · · · · · · · · · · · ·	\$250.00
	Contributor address; City; State; Zip Code		1	
	Fort Worth, TX 76104-3146	<del>.</del>		
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Radiologist		RANT		
Date		)	Amount of Contribution (\$)	
08/30/2024	Sanchez, Robert (Dr.)			\$250.00
	Contributor address; City; State; Zip Code		]	
	Fort Worth, TX 76104	1 <u>(0 lastastis</u>		
	pation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Schniederjan M.D., Jospeh (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	E-++ Morth TV 70100 4600			
	Fort Worth, TX 76109-4632	1 <u> </u>		
	pation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	

The Instr	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 31/39 Rpt: 34/60
2 FILER NAMI	F		<b>3</b> Filer ID (Ethics Commission Filers)
	liological Society PAC		00056103
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/30/2024			\$250.0
	6 Contributor address; City; State; Zip Code	,	1
	Grapevine, TX 76051-1104		
	cupation / Job title (See Instructions)	9 Employer (See Instructions	
Radiologist	L	Radiology Associates of	f North Texas
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/30/2024			\$186.5
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76104		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Radiologist	i	Radiology Associates of	f North Texas
Date	Full name of contributor out-of-state PAC (ID#:_	· :)	Amount of Contribution (\$)
08/30/2024			\$250.0
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76109		
	cupation / Job title (See Instructions)	Employer (See Instructions	
Radiologist	L	Radiology Associates of	f North Texas
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
08/30/2024			\$250.0
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76104		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	
Radiologist	[	Radiology Associates of	f North Texas, PA
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/30/2024			\$250.0
	Contributor address; City; State; Zip Code	,	1
	Fort Worth, TX 76104		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Radiologist	i	Radiology Associates of	f North Texas, PA
[		1	
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	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 32/39 Rpt: 35/60
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		plogical Society PAC		00056103
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	08/30/2024	Sharatz M.D., Steven (Dr.)		\$250.0
		6 Contributor address; City; State; Zip Code		
Ļ	Dringinal occu	Fort Worth, TX 76110-1701	Employer (See Instructions	
ð	Radiologist	upation / Job title (See Instructions)	<ul> <li>9 Employer (See Instructions Radiology Associates of</li> </ul>	
┝	_			
	Date		)	Amount of Contribution (\$)
	07/16/2024	Shetty, Ashwin (Dr.)		\$1,000.0
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78209		
┝	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	() ()
	Radiologist	, , , , , , , , , , , , , , , , , , ,	STRG	,
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Singh, Digvijay (Dr.)	/	\$250.0
		Fort Worth, TX 76104-3146		
		upation / Job title (See Instructions)	Employer (See Instructions	·)
	Radiologist		RANT	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Singh, Kanwar (Dr.)		\$250.0
		Contributor address; City; State; Zip Code		
	Dringingloog	Fort Worth, TX 76104-3146		
		upation / Job title (See Instructions)	Employer (See Instructions RANT	)
	Radiologist			· · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor out-of-state PAC (ID#: Smith Scott (Dr.)	)	Amount of Contribution (\$)
	08/30/2024	Smith, Scott (Dr.)		\$250.0
		Contributor address; City; State; Zip Code		
		Fort Worth, TX 76104		
$\vdash$	Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
	Radiologist		Radiology Associates of	
$\vdash$				

The Instruction Guid	le explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 33/39 Rpt: 36/60	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
Texas Radiological Soci	ety PAC		00056103	
4 Date 5 Full name	e of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024 Spindle,	, Preston (Dr.)			\$250.00
6 Contribut	tor address; City; State; Zip Code		1	
Denisor	n, TX 75020			
8 Principal occupation / Job ti	itle (See Instructions)	9 Employer (See Instructions	\$)	
Radiologist		RANT		
Date Full name	e of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024 Starkey	M.D., Kelly (Dr.)			\$250.00
Contribut	tor address; City; State; Zip Code		•	
Fort Wo	orth, TX 76104-3146			
Principal occupation / Job ti	itle (See Instructions)	Employer (See Instructions		
Radiologist		Radiology Associates of	f North Texas	
Date Full name	e of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/16/2024 Suri M.E	D., Rajeev (Dr.)			\$2,500.00
Contribut	tor address; City; State; Zip Code		1	
Shavan	o Park, TX 78231-1428			
Shavan Principal occupation / Job ti	o Park, TX 78231-1428	Employer (See Instructions		
Shavan Principal occupation / Job ti Radiologist	o Park, TX 78231-1428 itle (See Instructions)	Employer (See Instructions UT Health Science Cent		
Principal occupation / Job ti Radiologist Date Full name	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#:			
Principal occupation / Job ti Radiologist Date Full name	o Park, TX 78231-1428 itle (See Instructions)		ter	\$500.00
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#:		ter	\$500.00
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#:		ter	\$500.00
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M Contribut	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#:		ter	\$500.00
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M Contribut	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#:		ter Amount of Contribution (\$)	\$500.00
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M Contribut San Ant	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#:	UT Health Science Cent	ter Amount of Contribution (\$)	\$500.00
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M Contribut San Ant Principal occupation / Job ti Radiologist	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#:	UT Health Science Cent	ter Amount of Contribution (\$)	\$500.00
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M Contribut San Ant Principal occupation / Job ti Radiologist Date Full name	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#:	UT Health Science Cent	ter Amount of Contribution (\$) s) Group	\$500.00
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M Contribut San Ant Principal occupation / Job ti Radiologist Date Full name 08/30/2024 Tindall,	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#:	UT Health Science Cent	ter Amount of Contribution (\$) s) Group	
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M Contribut San Ant Principal occupation / Job ti Radiologist Date Full name 08/30/2024 Tindall,	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#: 1.D., Jennifer E. (Dr.) tor address; City; State; Zip Code tonio, TX 78258-1642 itle (See Instructions) e of contributor out-of-state PAC (ID#: Bronson (Dr.)	UT Health Science Cent	ter Amount of Contribution (\$) s) Group	
Principal occupation / Job ti Radiologist Date Full name 07/16/2024 Swart M Contribut San Ant Principal occupation / Job ti Radiologist Date Full name 08/30/2024 Tindall,	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#: 1.D., Jennifer E. (Dr.) tor address; City; State; Zip Code tonio, TX 78258-1642 itle (See Instructions) e of contributor out-of-state PAC (ID#: Bronson (Dr.)	UT Health Science Cent	ter Amount of Contribution (\$) s) Group	
Principal occupation / Job ti         Radiologist         Date       Full name         07/16/2024       Swart M         Contribut       San Ant         Principal occupation / Job ti       San Ant         Principal occupation / Job ti       San Ant         Principal occupation / Job ti       San Ant         Oate       Full name         08/30/2024       Tindall,	o Park, TX 78231-1428 itle (See Instructions) e of contributor out-of-state PAC (ID#: 1.D., Jennifer E. (Dr.) tor address; City; State; Zip Code tonio, TX 78258-1642 itle (See Instructions) e of contributor out-of-state PAC (ID#: Bronson (Dr.)	UT Health Science Cent	ter Amount of Contribution (\$) s) Group	
Principal occupation / Job ti         Radiologist         Date       Full name         07/16/2024       Swart M         Contribut       San Ant         Principal occupation / Job ti       San Ant         Principal occupation / Job ti       San Ant         Principal occupation / Job ti       San Ant         Oate       Full name         08/30/2024       Tindall,	o Park, TX 78231-1428 itle (See Instructions) e of contributor	UT Health Science Cent	ter Amount of Contribution (\$) Amount of Contribution (\$) S) Group Amount of Contribution (\$)	

The Instruc	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 34/39 Rpt: 37/60	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	ogical Society PAC		00056103	
4 Date !	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
08/30/2024	Toliyat, Mohammad (Dr.)			\$250.00
Ĩ	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76104-3146			
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Radiologist		RANT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/30/2024	Trippe, Douglas (Dr.)			\$174.00
				<b>T</b>
	Texarkana, TX 75503-1140			
	·			
	ation / Job title (See Instructions)	Employer (See Instructions	6)	
Radiologist		RANT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/16/2024	Tubb M.D., Benjamin (Dr.)			\$1,000.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78209-5103			
		Employer (See Instructions		
Principal occup Radiologist	San Antonio, TX 78209-5103	Employer (See Instructions South Texas Radiology		
	San Antonio, TX 78209-5103 pation / Job title (See Instructions)			
Radiologist	San Antonio, TX 78209-5103 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Velez, Jorge A. (Dr.)	South Texas Radiology	Group	\$500.00
Radiologist Date	San Antonio, TX 78209-5103 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	South Texas Radiology	Group	\$500.00
Radiologist Date 07/16/2024	San Antonio, TX 78209-5103 bation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Velez, Jorge A. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-3756	South Texas Radiology	Group Amount of Contribution (\$)	\$500.00
Radiologist Date 07/16/2024	San Antonio, TX 78209-5103 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Velez, Jorge A. (Dr.) Contributor address; City; State; Zip Code	South Texas Radiology	Group Amount of Contribution (\$)	\$500.00
Radiologist Date 07/16/2024 Principal occup	San Antonio, TX 78209-5103 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	South Texas Radiology	Group Amount of Contribution (\$)	\$500.00
Radiologist Date 07/16/2024 Principal occup Radiologist	San Antonio, TX 78209-5103 Dation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID#:	South Texas Radiology	Group Amount of Contribution (\$)	\$500.00
Radiologist Date 07/16/2024 Principal occup Radiologist Date Date	San Antonio, TX 78209-5103 Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	South Texas Radiology	Group Amount of Contribution (\$)	
Radiologist Date 07/16/2024 Principal occup Radiologist Date Date	San Antonio, TX 78209-5103   pation / Job title (See Instructions)   Full name of contributor   velez, Jorge A. (Dr.)   Contributor address; City; State; Zip Code   San Antonio, TX 78209-3756   pation / Job title (See Instructions)   Full name of contributor   out-of-state PAC (ID#:   Wachsmann, Jason (Dr.)   Contributor address; City; State; Zip Code	South Texas Radiology	Group Amount of Contribution (\$)	
Radiologist Date 07/16/2024 Principal occup Radiologist Date 08/30/2024	San Antonio, TX 78209-5103 Dation / Job title (See Instructions)  Full name of contributor	South Texas Radiology	Group Amount of Contribution (\$) S) Group, PA Amount of Contribution (\$)	
Radiologist Date 07/16/2024 Principal occup Radiologist Date 08/30/2024	San Antonio, TX 78209-5103   pation / Job title (See Instructions)   Full name of contributor   velez, Jorge A. (Dr.)   Contributor address; City; State; Zip Code   San Antonio, TX 78209-3756   pation / Job title (See Instructions)   Full name of contributor   out-of-state PAC (ID#:   Wachsmann, Jason (Dr.)   Contributor address; City; State; Zip Code	South Texas Radiology	Group Amount of Contribution (\$) S) Group, PA Amount of Contribution (\$)	

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	The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule A1: Sch: 35/39 Rpt: 38/60	
2	2 FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
		blogical Society PAC			00056103	,
4	Date	5 Full name of contributor out-of-state PAG	C (ID#:	) 7	Amount of Contribution (\$)	
	08/30/2024	Wajid, Haq (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104-3146				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Ins	structions)		
	Radiologist		RANT	,		
⊨	Date	Full name of contributor Out-of-state PAG	C (ID#:	)	Amount of Contribution (\$)	
	08/30/2024	Walker, Roger (Dr.)	5 (IDn	/		\$186.50
	•					
		Fort Worth, TX 76104				
	Principal occu	upation / Job title (See Instructions)	Employer (See Ins	structions)		
	Radiologist		Radiology Asso	ciates of N	lorth Texas	
F	Date	Full name of contributor out-of-state PAG	C (ID#:	)	Amount of Contribution (\$)	
	08/30/2024	Walkiewicz M.D., Thomas (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75248-2241				
		upation / Job title (See Instructions)	Employer (See Ins	structions)		
L	Radiologist	<del> </del>	RANT			
	Date		C (ID#:	)	Amount of Contribution (\$)	+
	08/30/2024					\$250.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Ins	structions)		
	Radiologist	paron , c	Radiology Asso		lorth Texas	
⊢	Date	Full name of contributor Out-of-state PAG		)	Amount of Contribution (\$)	
	08/30/2024	Watts M.D., David (Dr.)	5 (IDn	/		\$250.00
		Contributor address; City; State; Zip Code				• -
		Fort Worth, TX 76132-4465				
	Principal occu	upation / Job title (See Instructions)	Employer (See Ins	structions)		
	Radiologist		Radiology Asso	ciates of N	lorth Texas	

6       Contributor address; City, State; Zip Code         Fort Worth, TX 76104-3146       Fort Worth, TX 76104-3146         8       Principal occupation / Job title (See Instructions) Radiologist       9       Employer (See Instructions) RANT         Date       Full name of contributor       out-of-state PAC (ID#:) Weissmann, Eric (Dr.)       Amount of Contribution (\$)         Contributor address; City, State; Zip Code       Fort Worth, TX 76104       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 36/39 Rpt: 39/60	
08/30/2024       Webb, Nathan (Dr.)       S25         6       Contributor address; City; State; Zip Code       Fort Worth, TX 76104-3146         7       Principal occupation / Job title (See Instructions)       P         8       Principal occupation / Job title (See Instructions)       RANT         08/30/2024       Full name of contributor out-of-state PAC (ID#;)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#;)       Amount of Contribution (\$)         Radiologist       Fort Worth, TX 76104       Employer (See Instructions)         Radiologist       Full name of contributor out-of-state PAC (ID#;)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#;)       Amount of Contribution (\$)         08/30/2024       Fort Worth, TX 76104       Employer (See Instructions)         Radiologist       RANT         Date       Full name of contributor out-of-state PAC (ID#;)       Amount of Contribution (\$)         08/30/2024       Fort Worth, TX 76104       Employer (See Instructions)       RANT         Date       Full name of contributor out-of-state PAC (ID#;)       Amount of Contribution (\$)       \$25         08/30/2024       Full name						ו Filers)
<ul> <li>Contributor address: City, State; 2ip Code</li> <li>Fort Worth, TX 76104-3146</li> </ul> Principal occupation / Job title (See Instructions)             Radiologist                Paire of contributor address: City, State; Zip Code                  Date             08/30/2024               Full name of contributor             address: City, State; Zip Code               Amount of Contribution (\$)                 Paire of a contributor address: City, State; Zip Code               Employer (See Instructions)             RANT                 Principal occupation / Job title (See Instructions)             RAMIT               Employer (See Instructions)             RANT                 Date             OB/30/2024               Full name of contributor             advorf-state PAC (ID#:             Contributor address: City, State; Zip Code             Fort Worth, TX 76104               Amount of Contribution (\$)             S25                 Date             OB/30/2024               Full name of contributor             advorf-state PAC (ID#:                  Contributor address: City, State; Zip Code                   Fort Worth, TX 76104               Employer (See Instructions)             RANT                 Date             OB/30/2024               Full name of contributor	4 Date	<b>5</b> Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
6       Contributor address; City: State; Zip Code         Fort Worth, TX 76104-3146         8       Principal occupation / Job title (See Instructions)         Radiologist       Pate         Date       Full name of contributor       out-of-state PAC (ID#)         08/30/2024       Weissmann, Eric (Dr.)       Amount of Contribution (\$)         Contributor address; City: State; Zip Code       Amount of Contribution (\$)         Fort Worth, TX 76104       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       RANT         Date       Full name of contributor       out-of-state PAC (ID#)         Principal occupation / Job title (See Instructions)       RANT         Date       Full name of contributor       out-of-state PAC (ID#)         08/30/2024       Weissmann, Robert (Dr.)       Amount of Contribution (\$)         Contributor address; City: State; Zip Code       Fort Worth, TX 76104       Employer (See Instructions)         Radiologist       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/30/2024	08/30/2024		!			\$250.00
8       Principal occupation / Job title (See Instructions) Radiologist       9       Employer (See Instructions) RANT         Date 08/30/2024       Full name of contributor Weissmann, Eric (Dr.)       out-of-state PAC (ID#:)       Amount of Contribution (\$)         S25       Contributor address; City, State; Zip Code       Fort Worth, TX 76104       \$25         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT       Amount of Contribution (\$)         Date 08/30/2024       Full name of contributor Weissmann, Robert (Dr.)       Employer (See Instructions) RANT       Amount of Contribution (\$)         Date 08/30/2024       Full name of contributor Veissmann, Robert (Dr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT       Amount of Contribution (\$)         Date 08/30/2024       Full name of contributor Datas, TX 75254-9112       Out-of-state PAC (ID#:						
Radiologist       RANT         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Weissmann, Eric (Dr.)		Fort Worth, TX 76104-3146				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Weissmann, Eric (Dr.)       \$25         Contributor address; City; State; Zip Code       Fort Worth, TX 76104       \$25         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       RANT         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Fort Worth, TX 76104       Employer (See Instructions)       \$25         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$26         Radiologist       RaNT       Amount of Contribution (\$)       \$25         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
08/30/2024       Weissmann, Eric (Dr.)       \$25         Contributor address; City; State; Zip Code       Fort Worth, TX 76104       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       RANT       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/30/2024       Fort Worth, TX 76104       Employer (See Instructions)       \$25         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25         Radiologist       Fort Worth, TX 76104       Amount of Contribution (\$)       \$25         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$26         Radiologist       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25         Date       Dallas, TX 75254-9112       Employer (See Instructions)       Radiology Associates of North Dallas         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25         08/30/2024       Full name of contributor       out-of-state PAC (ID#:) <td< td=""><td>Radiologist</td><td></td><td>RANT</td><td></td><td></td><td></td></td<>	Radiologist		RANT			
Contributor address; City; State; Zip Code         Fort Worth, TX 76104         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT         Date       Full name of contributor       out-of-state PAC (ID#:)         O8/30/2024       Weissmann, Robert (Dr.) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$25         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) Radiology Associates of North Dallas         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	Date	Full name of contributor out-of-state PAC (ID#:		T.	Amount of Contribution (\$)	
Contributor address; City, State; Zip Code         Fort Worth, TX 76104         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) Radiology Associates of North Dallas       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:	08/30/2024		I			\$250.00
Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT         Date 08/30/2024       Full name of contributorout-of-state PAC (ID#:) Weissmann, Robert (Dr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Fort Worth, TX 76104       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT       Amount of Contribution (\$)         Date 08/30/2024       Full name of contributor out-of-state PAC (ID#:) Wenzel M.D., Jeffrey S. (Dr.)       Amount of Contribution (\$)         Date 08/30/2024       Full name of contributor out-of-state PAC (ID#:) Wenzel M.D., Jeffrey S. (Dr.)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) Radiology Associates of North Dallas         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) Radiology Associates of North Dallas         Date 08/30/2024       Full name of contributor out-of-state PAC (ID#:) Wheeler, Paul (Dr.)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#:) Wheeler, Paul (Dr.)       Amount of Contribution (\$)						
Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT         Date 08/30/2024       Full name of contributorout-of-state PAC (ID#) Weissmann, Robert (Dr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Fort Worth, TX 76104       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) RANT       Amount of Contribution (\$)         Date 08/30/2024       Full name of contributor out-of-state PAC (ID#) Wenzel M.D., Jeffrey S. (Dr.)       Amount of Contribution (\$)         Date 08/30/2024       Full name of contributor out-of-state PAC (ID#) Wenzel M.D., Jeffrey S. (Dr.)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) Radiologist       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Radiologist       Employer (See Instructions) Radiology Associates of North Dallas         Date 08/30/2024       Full name of contributor out-of-state PAC (ID#) Wheeler, Paul (Dr.)       Amount of Contribution (\$)         08/30/2024       Full name of contributor out-of-state PAC (ID#) (Ontributor address; City; State; Zip Code       Amount of Contribution (\$)		Fort Worth. TX 76104				
Radiologist       RANT         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25         08/30/2024       Weissmann, Robert (Dr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$25         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       RANT         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25         Contributor address; City; State; Zip Code       Dalas, TX 75254-9112       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Radiologist       Galdologist       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         08/30/2024       Full name of contributor       out-of-state PAC (ID#:	Principal occu		Employer (See Instructions	(s)		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Weissmann, Robert (Dr.)       S25         Contributor address; City; State; Zip Code       Fort Worth, TX 76104       S25         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Radiologist       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Wenzel M.D., Jeffrey S. (Dr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25         Radiologist       Dallas, TX 75254-9112       Employer (See Instructions)       \$26         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Radiologist       Full name of contributor       out-of-state PAC (ID#:				5)		
08/30/2024       Weissmann, Robert (Dr.)	_			<del>—</del>	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Fort Worth, TX 76104         Principal occupation / Job title (See Instructions)         Radiologist         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)         08/30/2024         Principal occupation / Job title (See Instructions)         Ratiologist         Date         Full name of contributor out-of-state PAC (ID#:)         Contributor address; City; State; Zip Code         Dallas, TX 75254-9112         Principal occupation / Job title (See Instructions)         Radiologist         Radiologist         Principal occupation / Job title (See Instructions)         Radiologist         Principal occupation / Job title (See Instructions)         Radiologist         Radiologist         Pate         Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)         08/30/2024         Wheeler, Paul (Dr.)         Contributor address; City; State; Zip Code			,	'		\$250.00
Fort Worth, TX 76104       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       Full name of contributor       out-of-state PAC (ID#:)         Menzel M.D., Jeffrey S. (Dr.)       Amount of Contribution (\$)         Venzel M.D., Jeffrey S. (Dr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Dallas, TX 75254-9112       Employer (See Instructions)       \$25         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$26         Radiologist       Full name of contributor       out-of-state PAC (ID#:	0013012024					Φ200.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       RANT         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Wenzel M.D., Jeffrey S. (Dr.)       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Dallas, TX 75254-9112       Dallas, TX 75254-9112       Employer (See Instructions)       Employer (See Instructions)         Radiologist       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Radiology Associates of North Dallas         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25         08/30/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25         08/30/2024       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$25						
Radiologist       RANT         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Wenzel M.D., Jeffrey S. (Dr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Dallas, TX 75254-9112       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Radiology Associates of North Dallas         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Wheeler, Paul (Dr.)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)			<u>/</u>			
08/30/2024       Wenzel M.D., Jeffrey S. (Dr.)       \$25         Contributor address; City; State; Zip Code       Dallas, TX 75254-9112         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       Radiology Associates of North Dallas         Date       Full name of contributor address; City; State; Zip Code         08/30/2024       Wheeler, Paul (Dr.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)		pation / Job title (See Instructions)		s)		
Contributor address; City; State; Zip Code Dallas, TX 75254-9112 Principal occupation / Job title (See Instructions) Radiologist Radiologist Employer (See Instructions) Radiology Associates of North Dallas Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 08/30/2024 Wheeler, Paul (Dr.) Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Dallas, TX 75254-9112         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         08/30/2024       Wheeler, Paul (Dr.)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)	08/30/2024		1			\$250.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Radiologist       Radiology Associates of North Dallas         Date       Full name of contributor out-of-state PAC (ID#:)         08/30/2024       Wheeler, Paul (Dr.)         Contributor address; City; State; Zip Code       State; Zip Code						
Radiologist     Radiology Associates of North Dallas       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       08/30/2024     Wheeler, Paul (Dr.)     \$25       Contributor address; City; State; Zip Code     State; Zip Code		Dallas, TX 75254-9112				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/30/2024       Wheeler, Paul (Dr.)       \$25         Contributor address; City; State; Zip Code       \$25	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
08/30/2024 Wheeler, Paul (Dr.) \$25 Contributor address; City; State; Zip Code	Radiologist		Radiology Associates of	of No	rth Dallas	
08/30/2024 Wheeler, Paul (Dr.) \$25 Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC (ID#:	) !	T.	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	08/30/2024		1			\$250.00
Sherman, TX 75091-0340						
		Sherman. TX 75091-0340				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu		Employer (See Instructions	<u>ا</u> رە		
Radiologist RANT				3)		

The Instructio	on Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 37/39 Rpt: 40/60	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Texas Radiologi	cal Society PAC		00056103	
4 Date 5	Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/30/2024	Whitlow M.D., Warren (Dr.)			\$186.50
6	Contributor address; City; State; Zip Code			
	Dallas, TX 75231		<u> </u>	
	on / Job title (See Instructions)	9 Employer (See Instructions		
Radiologist		Radiology Associates of	1	
		)	Amount of Contribution (\$)	
08/30/2024	Williams M.D., Jonathan (Dr.)			\$250.00
	Contributor address; City; State; Zip Code		]	
	Fort Worth, TX 76104-3146			
	on / Job title (See Instructions)	Employer (See Instructions	,	
Radiologist		Radiology Associates of	f North Texas	
	—	)	Amount of Contribution (\$)	
08/30/2024	Willig M.D., Donald (Dr.)			\$250.00
	Contributor address; City; State; Zip Code		1	
I	Waxahachie, TX 75165-3333			
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Principal occupation	on / Job title (See Instructions)	Employer (See Instructions		
	on / Job title (See Instructions)	Employer (See Instructions Radiology Associates of	f North Texas	
Principal occupation Radiologist Date	Full name of contributor out-of-state PAC (ID#:			
Principal occupation Radiologist Date	Full name of contributor out-of-state PAC (ID#: Wise M.D., David (Dr.)	Radiology Associates of	f North Texas	\$186.50
Principal occupation Radiologist Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Wise M.D., David (Dr.)	Radiology Associates of	f North Texas	\$186.50
Principal occupation Radiologist Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Wise M.D., David (Dr.)	Radiology Associates of	f North Texas	\$186.50
Principal occupation Radiologist Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Wise M.D., David (Dr.) Contributor address; City; State; Zip Code	Radiology Associates of	f North Texas	\$186.50
Principal occupation Radiologist Date 08/30/2024	Full name of contributor Dut-of-state PAC (ID#:_ Wise M.D., David (Dr.) Contributor address; City; State; Zip Code Grapevine, TX 76051	Radiology Associates of	f North Texas Amount of Contribution (\$)	\$186.50
Principal occupation Radiologist Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Wise M.D., David (Dr.) Contributor address; City; State; Zip Code	Radiology Associates of	f North Texas Amount of Contribution (\$)	\$186.50
Principal occupation Radiologist Date 08/30/2024	Full name of contributor       out-of-state PAC (ID#:_         Wise M.D., David (Dr.)         Contributor address; City; State; Zip Code         Grapevine, TX 76051         on / Job title (See Instructions)	Radiology Associates of	f North Texas Amount of Contribution (\$)	\$186.50
Principal occupation Radiologist Date 08/30/2024 Principal occupation Radiologist Date	Full name of contributor       out-of-state PAC (ID#:_         Wise M.D., David (Dr.)         Contributor address; City; State; Zip Code         Grapevine, TX 76051         on / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_	Radiology Associates of	f North Texas Amount of Contribution (\$)	
Principal occupation Radiologist Date 08/30/2024 Principal occupation Radiologist Date	Full name of contributor       out-of-state PAC (ID#:_         Wise M.D., David (Dr.)         Contributor address; City; State; Zip Code         Grapevine, TX 76051         on / Job title (See Instructions)	Radiology Associates of	f North Texas Amount of Contribution (\$)	\$186.50
Principal occupation Radiologist Date 08/30/2024 Principal occupation Radiologist Date 08/30/2024	Full name of contributor       out-of-state PAC (ID#:_         Wise M.D., David (Dr.)         Contributor address; City; State; Zip Code         Grapevine, TX 76051         on / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_	Radiology Associates of	f North Texas Amount of Contribution (\$)	
Principal occupation Radiologist Date 08/30/2024 Principal occupation Radiologist Date 08/30/2024	Full name of contributor       out-of-state PAC (ID#:_         Wise M.D., David (Dr.)         Contributor address; City; State; Zip Code         Grapevine, TX 76051         on / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_         Woomer M.D., Scott (Dr.)	Radiology Associates of	f North Texas Amount of Contribution (\$)	
Principal occupation Radiologist Date 08/30/2024 Principal occupation Radiologist Date 08/30/2024	Full name of contributor       out-of-state PAC (ID#:_         Wise M.D., David (Dr.)         Contributor address; City; State; Zip Code         Grapevine, TX 76051         on / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_         Woomer M.D., Scott (Dr.)         Contributor address; City; State; Zip Code	Radiology Associates of	f North Texas Amount of Contribution (\$)	
Principal occupation Radiologist Date 08/30/2024 Principal occupation Radiologist Date 08/30/2024	Full name of contributor       out-of-state PAC (ID#:_         Wise M.D., David (Dr.)         Contributor address; City; State; Zip Code         Grapevine, TX 76051         on / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Woomer M.D., Scott (Dr.)         Contributor address; City; State; Zip Code         Grapevine, TX 76051	Employer (See Instructions Radiology Associates of	f North Texas Amount of Contribution (\$)  S) f North Texas Amount of Contribution (\$)	
Principal occupation Radiologist Date 08/30/2024 Principal occupation Radiologist Date 08/30/2024	Full name of contributor       out-of-state PAC (ID#:_         Wise M.D., David (Dr.)         Contributor address; City; State; Zip Code         Grapevine, TX 76051         on / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_         Woomer M.D., Scott (Dr.)         Contributor address; City; State; Zip Code	Radiology Associates of	f North Texas Amount of Contribution (\$) f North Texas Amount of Contribution (\$) Mount of Contribution (\$)	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/39 Rpt: 41/60
2	FILER NAME Texas Radio	blogical Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	08/30/2024	Wortley M.D., Phillip (Dr.)		\$250.00
		6 Contributor address; City; State; Zip Code		1
		Dallas, TX 75209-6011		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	
	Radiologist	1	Radiology Associates of	f North Texas
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Yaquinto M.D., James J. (Dr.)	I	\$250.00
		Contributor address; City; State; Zip Code		1
		Fort Worth, TX 76104		
┝─	Drincinal occu	· ·	Employer (See Instructions	
	Radiologist	upation / Job title (See Instructions)	Radiology Associates of	
╞				1
	Date	—	)	Amount of Contribution (\$)
	08/30/2024	Yin M.D., Zi (Dr.)		\$166.50
		Contributor address; City; State; Zip Code		
		Colleyville, TX 76034-5026		
		upation / Job title (See Instructions)	Employer (See Instructions	
	Radiologist		Radiology Associates of	f North Texas
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Yoo, John (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		1
		Fort Worth, TX 76104-3146		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Radiologist		RANT	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/30/2024	Yount M.D., Mitchell (Dr.)		\$250.00
		Contributor address; City; State; Zip Code		1
			I	
		Plano, TX 75094-3859		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
	Radiologist	· · · · · · · · · · · · · · · · · · ·	Radiology Associates of	f North Texas
⊢			1	

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 39/39 Rpt: 42/60 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Texas Radiological Society PAC** 00056103 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 08/30/2024 \$250.00 Zonozy M.D., Auzhaund (Dr.) 6 Contributor address; City; State; Zip Code Irving, TX 75063-3534 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Radiologist Radiology Associates of North TX

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel out of District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/16 Rpt: 43/60	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
09/06/2024	Ann Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Bryan Hughes for Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	110 N. College Ave., Ste. 208
Expenditure from corporate funds	Tyler, TX 75702
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Contribution</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	David Cook Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	309 E Broad St
Expenditure from corporate funds	Mansfield, TX 76063
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By       Check if travel outside of Texas. Complete Schedule T.         Candidate/Officeholder/Political Committee       Check if Austin, TX, officeholder living expense         Campaign Contribution       Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/16 Rpt: 44/60	Texas Radiological Society PAC 00056103
4 Date 08/23/2024	5 Payee name Driggers, Amie
6 Amount (\$) \$82.50	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>12840 W Auckland St</li> </ul>
corporate funds	Meridian, ID 83642
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Administration</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/23/2024	Driggers, Amie
Amount (\$) \$11.53	Payee address;City;State; Zip Code12840 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Payroll expenses: taxes</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Dustin Burrows Campaign
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2569
Expenditure from corporate funds	Lubbock, TX 79408
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Contribution</li> </ul> </li> </ul>
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/16 Rpt: 45/60	Texas Radiological Society PAC 00056103
4 Date 09/06/2024	5 Payee name Elizabeth Campos Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3124 Sidney Brooks, Ste. A
Expenditure from corporate funds	San Antonio, TX 78235
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign Contribution</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Friends of Donna Campbell
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 171002
Expenditure from corporate funds	San Antonio, TX 78217
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign Contribution</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/19/2024	Garbaccio, Karen
Amount (\$) \$48.24	Payee address; City; State; Zip Code 2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Travel expenses for PAC Committee Meeting</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/16 Rpt: 46/60	Texas Radiological Society PAC 00056103
4 Date 07/12/2024	5 Payee name Garbaccio, Karen
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code 2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Administration</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/26/2024	Garbaccio, Karen
Amount (\$) \$60.00	Payee address;City;State;Zip Code2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Administration</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/09/2024	Garbaccio, Karen
Amount (\$) \$330.00	Payee address; City; State; Zip Code 2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Administration</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 47/60	Texas Radiological Society PAC 00056103
4 Date 08/23/2024	5 Payee name Garbaccio, Karen
6 Amount (\$) \$510.00	7 Payee address; City; State; Zip Code 2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Administration</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$90.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Administration</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/20/2024	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Administration</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/16 Rpt: 48/60	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
07/12/2024	Garbaccio, Karen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.88	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
07/26/2024	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$4.59	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Payroll expenses: taxes</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/09/2024	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$25.25	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Payroll expenses: taxes</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/16 Rpt: 49/60	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
08/23/2024	Garbaccio, Karen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$39.01	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/06/2024	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$6.89	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Payroll expenses: taxes</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/20/2024	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$2.29	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Payroll expenses: taxes</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 8/16 Rpt: 50/60	Texas Radiological Society PAC 00056103		
4 Date 07/12/2024	5 Payee name Gaylor, Emily		
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 6101 Reiger Avenue		
Expenditure from corporate funds	Dallas, TX 75214		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Administration</li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/26/2024	Gaylor, Emily		
Amount (\$)	Payee address; City; State; Zip Code		
\$600.00	6101 Reiger Avenue		
Expenditure from corporate funds	Dallas, TX 75214		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Administration</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/12/2024	Gaylor, Emily		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.95	6101 Reiger Avenue		
Expenditure from corporate funds	Dallas, TX 75214		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Payroll expenses: taxes</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhaed/Rental I Food/Beverage Expense Polling Expense - Gitt/Awards/Memorials Expense Printing Expense	ursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 9/16 Rpt: 51/60	Texas Radiological Society PAC	00056103	
4 Date 07/26/2024	5 Payee name Gaylor, Emily		
6 Amount (\$) \$83.76	7 Payee address; City; State; Zip Code 6101 Reiger Avenue		
corporate funds	Dallas, TX 75214		
8 PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense oll expenses: taxes	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
09/06/2024	Giovanni Capriglione Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO BOX 92007		
Expenditure from corporate funds	Southlake, TX 76092		
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	iption ack if travel outside of Texas. Complete Schedule T. ack if Austin, TX, officeholder living expense paign Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
08/05/2024	Imperium Public Affairs		
Amount (\$) \$271.61	Payee address; City; State; Zip Code PO Box 13382		
Expenditure from corporate funds	Austin, TX 78711		
PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense <b>expenses</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/F Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 10/16 Rpt: 52/60	Texas Radiological Society PAC	00056103	
4 Date 08/08/2024	5 Payee name Imperium Public Affairs		
6 Amount (\$) \$263.71	<ul> <li>Payee address; City; State; Zip Code</li> <li>PO Box 13382</li> <li>Austin, TX 78711</li> </ul>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) D Food/Beverage Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense uly expenses	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
09/04/2024	Imperium Public Affairs		
Amount (\$) \$292.85	Payee address; City; State; Zip Code PO Box 13382		
Expenditure from corporate funds	Austin, TX 78711		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
07/31/2024	Internal Revenue Service		
Amount (\$) \$0.01	Payee address; City; State; Zip Code 550 Main St.		
Expenditure from corporate funds	Cincinnati, OH 45202		
PURPOSE OF EXPENDITURE	Accounting/Banking	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ederal Tax	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	e Travel Out of District /Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 11/16 Rpt: 53/60	Texas Radiological Society PAC	00056103	
4 Date 08/31/2024	5 Payee name Internal Revenue Service		
6 Amount (\$) \$0.01	7 Payee address; City; State; Zip Code 550 Main St.		
Expenditure from corporate funds	Cincinnati, OH 45202		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Federal Tax	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
07/03/2024	Intuit		
Amount (\$)	Payee address; City; State; Zip Code		
\$156.70	2632 Marine Way		
Expenditure from corporate funds	Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense QuickBooks Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
08/05/2024	Intuit		
Amount (\$) \$156.70	Payee address; City; State; Zip Code 2632 Marine Way		
Expenditure from corporate funds	Mountain View, CA 94043		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>(b) Accounting/Banking</li> </ul>	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense QuickBooks Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 12/16 Rpt: 54/60	Texas Radiological Society PAC 00056103		
4 Date	5 Payee name		
09/03/2024	Intuit		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$169.49	2632 Marine Way		
Expenditure from corporate funds	Mountain View, CA 94043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense QuickBooks Subscription		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/06/2024	Joan Huffman Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	3375 Westpark Dr.		
	Ste 135		
Expenditure from corporate funds	Houston, TX 77005		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee Campaign Contributions		
	Campaign Contributions		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/06/2024	Lois Kolkhorst Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	PO Box 2546		
Expenditure from corporate funds	Brenham, TX 77834		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee Campaign Contributions		
	Campaign Continuations		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	5		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 13/16 Rpt: 55/60	Texas Radiological Society PAC 00056103		
4 Date	5 Payee name		
09/06/2024	Molly Cook Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,000.00	PO Box 667238		
Expenditure from corporate funds	Houston, TX 77266		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
08/28/2024	Monarch Trophies		
Amount (\$)	Payee address; City; State; Zip Code		
\$234.75	16227 San Pedro Ave		
Expenditure from corporate funds	San Antonio, TX 78232		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Awards</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/06/2024	Nathan Johnson Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	PO Box 670994		
Expenditure from corporate funds	Dallas, TX 75367		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 14/16 Rpt: 56/60	Texas Radiological Society PAC 00056103		
4 Date	5 Payee name		
09/06/2024	Sam Harless Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	6630 Cypresswood Dr., Suite 150		
Expenditure from corporate funds	Spring, TX 77379		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/06/2024	Suleman Lanai Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	12550 Emily Court, Suite 300		
Expenditure from corporate funds	Sugar Land, TX 77478		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/06/2024	Texans for Charles Schwertner		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	PO Box 2448		
Expenditure from corporate funds	Georgetown, TX 78627		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Cabadula F1.			
<b>1</b> Total pages Schedule F1:			
Sch: 15/16 Rpt: 57/60	Texas Radiological Society PAC 00056103		
4 Date	5 Payee name		
09/06/2024	The Greg Bonnen Campaign		
03/00/2024			
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	174 Calder Rd, Ste 116		
Expenditure from corporate funds	League City, TX 77573		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Campaign Contribution		
• Osmalata ONUN if dive at	Or a slidete (Office helder menne Office councile)		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Pavee name		
09/09/2024	The UPS Store		
Amount (\$)	Payee address; City; State; Zip Code		
\$62.45	215 W Bandera Rd		
<b>40</b> 2.10			
Expenditure from corporate funds	Boerne, TX 78006		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Postage		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
08/02/2024	Wells Fargo Bank N.A.		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.00	PO Box 2019		
Expenditure from corporate funds	Austin, TX 78768		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	bank fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees G Food/Beverage Expense G Gift/Awards/Memorials Expense G	oan 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)
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Sch: 16/16 Rpt: 58/60	Texas Radiological Society PAC		00056103
4 Date			
09/03/2024	5 Payee name Wells Fargo Bank N.A.		
6 Amount (\$) \$20.00	<ul> <li>Payee address; City; State;</li> <li>PO Box 2019</li> </ul>	Zip Code	
corporate funds	Austin, TX 78768		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Fees	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ice sought	Office held
Date 07/01/2024	Payee name Wells Fargo Bank N.A.		
Amount (\$) \$20.00	Payee address; City; State; PO Box 2019 Austin, TX 78768	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Accounting/Banking	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ice sought	Office held

SCHEDULE I

	The Instruction Guide explains how to com	iplete this form.
Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
Date 08/05/2024	5 Payee name Imperium Public Affairs	
Amount (\$) 7,200.00	7 Payee Address; City; State; Zip PO Box 13382	
Expenditure from corporate funds	Austin, TX 78711	
PURPOSE OF EXPENDITURE		escription (See instructions regarding type of information required.) obbyist
Date 08/08/2024	Payee name Imperium Public Affairs	
Amount (\$) 7,200.00	Payee Address; City; State; Zip PO Box 13382	
Expenditure from corporate funds	Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Date of the categories of acceptable categories of the	escription (See instructions regarding type of information required.) obbyist
Date	Payee name	
09/04/2024 Amount (\$) 7,200.00 Expenditure from	Imperium Public Affairs Payee Address; City; State; Zip PO Box 13382	
Corporate funds PURPOSE OF EXPENDITURE		escription (See instructions regarding type of information required.) obbyist

# 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
		<b>3</b> 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 Check if point Interest	olitical contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
08/31/2024	WellsFargo Bank	\$0.05
	Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228	
	Purpose for which amount is received Check if pointerest	olitical contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
09/26/2024	WellsFargo Bank	\$5,244.00
	Address of person from whom amount is received; City; State; Zip Code	
	Portland, OR 97228	
	_	olitical contribution returned to filer
	unrealized gain	