

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00056103	<b>2</b> Total pages filed: 40	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Texas Radiological Society PAC	Date Received <b>ELECTRONICALLY FILED</b> 10/01/2024		
<b>4</b> TREASURER NAME Kirk, I. Ray (Dr.)	Date Hand-delivered or Date Postmarked		
<b>5</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 06/30/2024
Date Imaged			

**7 EXPLANATION OF CORRECTION**  
 An unrealized gain for the TRS PAC was unintentionally/accidentally left off the original filing. This error was found when preparing the next TEC filing report. Unrealized gains for this report period have now been added (in the amount of \$2,839.93) via the report correction process.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Dr. I. Ray Kirk  
 \_\_\_\_\_  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00056103	<b>2 Total pages filed:</b> 40
<b>3 COMMITTEE NAME</b> Texas Radiological Society PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 10/01/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 24165 IH-10 West, Suite 217 #150 San Antonio, TX 78257		
	<b>5 CAMPAIGN TREASURER NAME</b>  MS / MRS / MR FIRST MI Dr. I. Ray  NICKNAME LAST SUFFIX Kirk		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3756 Westerman  Houston, TX 77005		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3756 Westerman  Houston, TX 77005		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (713) 623-4070		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year 01/01/2024      THROUGH      06/30/2024		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Radiological Society PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00056103
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,075.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 9,559.55
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 294,391.21
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Dr. I. Ray Kirk  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Texas Radiological Society PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00056103
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,075.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,559.55
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 43,200.00
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,840.32

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/11 Rpt: 5/40
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avery M.D., Sarah (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Austin Radiological Association
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beckmann M.D., Nicholas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77030-1501	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Health Science Center
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boatsman M.D., Justin E. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alamo Heights, TX 78209	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boys M.D., Gregory (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78248-2426	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Charles (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78732	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Unknown

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/11 Rpt: 6/40
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Travis	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75390-8896		
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) UT Southwestern Medical Center at Dallas
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childs III M.D., Tilden L. (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1032		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement IV M.D., John P. (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  San Antonio, TX 78209-3630		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtines, Michel-Alexis (Dr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78258		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Audie Murphy VA Hospital Imaging
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow M.D., Keith A. (Dr.)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  San Antonio, TX 78249-2080		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas radiology Group, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/11 Rpt: 7/40
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 05/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalrymple, Neal C. (Dr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code  Helotes, TX 78023	
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) South Texas Radiology Group
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai, Kurren (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Temple, TX 76508	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) BSW
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  McKinney, TX 75069-9167	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Retired
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurian, John H. (Dr.)	Amount of Contribution (\$) \$450.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229-0441	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healy, Mark E. (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/11 Rpt: 8/40
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 05/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermann, Stephen (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Houston, TX 78730	
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Houston Methodist
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanchan M.D., Phalak (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77018-3117	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) MD Anderson
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan M.D., Faraz (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77056-2715	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Synergy Radiology Associates PA
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan M.D., Faraz (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77056-2715	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Synergy Radiology Associates PA
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, I. Ray (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77005	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Kirk Ventures PLLC



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/11 Rpt: 9/40
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kruger M.D., Ariel (Dr.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) South Texas Radiology Group
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kwon, Jeannie (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Dallas, TX 75024-3214	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Southwestern Medical Center at Dallas
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lyons M.D., Travis (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78258	
Principal occupation / Job title (See Instructions) Radiology		Employer (See Instructions) South Texas Radiology Group
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathis, Douglas (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78234	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) TWC
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Menendez M.D., Isabel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Aransas Pass, TX 78374	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Care Regional Medical Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/11 Rpt: 10/40
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mullican, Mary Ann (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230	
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) UT Southwestern Medical Center at Dallas
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murphy, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sugarland, TX 77478	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Retired
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orsi M.D., Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78232-2824	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pallan M.D., Pablo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78256-1666	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parikh M.D., Jay (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77030	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT MD Anderson Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/11 Rpt: 11/40
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel M.D., Dipan (Dr.)	7 Amount of Contribution (\$)  \$1,000.00
	6 Contributor address; City; State; Zip Code  Shavano Park, TX 78230-5641	
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) South Texas Radiology Group
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip M.D., Joseph (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Temple, TX 76508-0001	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Baylor Scott & White
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts M.D., Sidney (Dr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Lufkin, TX 75904	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Arthur Temple Cancer Center
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saleem, Arsalan (Dr.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Galveston, TX 77550	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UTMB
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval M.D., Kenneth A. (Dr.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Humble, TX 77346	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology group, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/11 Rpt: 12/40
2 FILER NAME Texas Radiological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah M.D., Rajeev (Dr.)	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  West Lake Hills, TX 78743	
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) ARA
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Paul (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78236-5300	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) USAF
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva III M.D., Ezequiel (Dr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78212-2303	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence M.D., Susanna (Dr.)	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Southlake, TX 76092	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Health Science Center
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoll, John F. (Dr.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78232-2902	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/11 Rpt: 13/40
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strax, Richard (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Baylor College of Medicine
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thomas M.D., John W. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78232-3508	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tibbetts M.D., Todd A. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tornow, Kelly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75390	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Southwestern
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Venkatesan M.D., Aradhana (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77025	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT MD Anderson Cancer Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/11 Rpt: 14/40
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weatherall M.D., Paul (Dr.)	<b>7</b> Amount of Contribution (\$) \$600.00
<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230		
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) UT Southwestern
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood M.D., David (Dr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015-4755		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zerner M.D., James (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiological Consultants Association
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ziemke, William (Dr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78229-0441		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zink M.D., Walter (Dr.)	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  San Antonio, TX 78229		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/11 Rpt: 15/40
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) liaw, Stephen (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) South Texas Radiology Group

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/21 Rpt: 16/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
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<b>4</b> Date 01/27/2024	<b>5</b> Payee name Allman & Associates, Inc.
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<b>6</b> Amount (\$) \$82.37  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 600 Great Hills Trail, Suite 150W  Austin, TX 78757
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1099 Preparation
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/29/2024	Payee name Allman & Associates, Inc.
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Amount (\$) \$1,700.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 600 Great Hills Trail, Suite 150W  Austin, TX 78757
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 990 Preparation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/12/2024	Payee name Garbaccio, Karen
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Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/21 Rpt: 17/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 01/26/2024	<b>5</b> Payee name Garbaccio, Karen	
<b>6</b> Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2024	Payee name Garbaccio, Karen	
Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name Garbaccio, Karen	
Amount (\$) \$480.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/21 Rpt: 18/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
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<b>4</b> Date 03/08/2024	<b>5</b> Payee name Garbaccio, Karen
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<b>6</b> Amount (\$) \$390.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/22/2024	Payee name Garbaccio, Karen
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Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/05/2024	Payee name Garbaccio, Karen
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Amount (\$) \$180.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/21 Rpt: 19/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/19/2024	<b>5</b> Payee name Garbaccio, Karen	
<b>6</b> Amount (\$) \$240.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2024	Payee name Garbaccio, Karen	
Amount (\$) \$120.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/17/2024	Payee name Garbaccio, Karen	
Amount (\$) \$240.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/21 Rpt: 20/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/31/2024	<b>5</b> Payee name Garbaccio, Karen	
<b>6</b> Amount (\$) \$180.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/14/2024	Payee name Garbaccio, Karen	
Amount (\$) \$330.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name Garbaccio, Karen	
Amount (\$) \$180.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/21 Rpt: 21/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 03/20/2024	<b>5</b> Payee name Garbaccio, Karen	
<b>6</b> Amount (\$) \$160.13  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2268 Summit Ridge Dr  San Marcos, TX 78666	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from Annual Meeting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/14/2024	Payee name Gaylor, Emily	
Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6101 Reiger Avenue  Dallas, TX 75214	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name Gaylor, Emily	
Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6101 Reiger Avenue  Dallas, TX 75214	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages For Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/21 Rpt: 22/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/03/2024	<b>5</b> Payee name Imperium Public Affairs	
<b>6</b> Amount (\$) \$346.34  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 13382  Austin, TX 78711	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist Expense -- Meals and Beveridges
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2024	Payee name Imperium Public Affairs	
Amount (\$) \$419.47  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 13382  Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist Expense -- Meals and Beveridges
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name Imperium Public Affairs	
Amount (\$) \$212.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 13382  Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lobbyist Expense -- Meals and Beveridges
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/21 Rpt: 23/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
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<b>4</b> Date 01/05/2024	<b>5</b> Payee name Imperium Public Affairs
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<b>6</b> Amount (\$) \$131.53  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 13382  Austin, TX 78711
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal and Beveridge Expenses For Lobbyist Consultant
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2024	Payee name Imperium Public Affairs
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Amount (\$) \$118.05  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 13382  Austin, TX 78711
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal and Beveridge Expenses For Lobbyist Consultant
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/05/2024	Payee name Imperium Public Affairs
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Amount (\$) \$968.12  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 13382  Austin, TX 78711
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal and Beveridge Expenses For Lobbyist Consultant
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/21 Rpt: 24/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
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<b>4</b> Date 01/12/2024	<b>5</b> Payee name Internal Revenue Service
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<b>6</b> Amount (\$) \$22.95  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/26/2024	Payee name Internal Revenue Service
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Amount (\$) \$22.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Internal Revenue Service
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Amount (\$) \$22.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/21 Rpt: 25/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/23/2024	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$36.72  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/08/2024	Candidate/Officeholder name Internal Revenue Service	
Amount (\$) \$29.84  <input type="checkbox"/> Expenditure from corporate funds	Office sought 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2024	Candidate/Officeholder name Internal Revenue Service	
Amount (\$) \$11.47  <input type="checkbox"/> Expenditure from corporate funds	Office sought 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/21 Rpt: 26/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/05/2024	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$13.77  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/19/2024	Payee name Internal Revenue Service	
Amount (\$) \$18.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2024	Payee name Internal Revenue Service	
Amount (\$) \$9.18  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/21 Rpt: 27/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/17/2024	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$18.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Internal Revenue Service	
Amount (\$) \$13.77  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/14/2024	Payee name Internal Revenue Service	
Amount (\$) \$20.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/21 Rpt: 28/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 06/14/2024	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$25.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name Internal Revenue Service	
Amount (\$) \$13.77  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name Internal Revenue Service	
Amount (\$) \$20.93  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/21 Rpt: 29/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
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<b>4</b> Date 01/31/2024	<b>5</b> Payee name Internal Revenue Service
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<b>6</b> Amount (\$) \$0.03  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Federal Tax	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax Withheld
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/31/2024	Payee name Internal Revenue Service
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Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Federal Tax	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax Withheld
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/30/2024	Payee name Internal Revenue Service
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Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Federal Tax	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax Withheld
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/21 Rpt: 30/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
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<b>4</b> Date 05/31/2024	<b>5</b> Payee name Internal Revenue Service
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<b>6</b> Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Federal Tax	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax Withheld
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/03/2024	Payee name Intuit Software Sales
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Amount (\$) \$150.31  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription For Bookkeeping Software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2024	Payee name Intuit Software Sales
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Amount (\$) \$150.31  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription For Bookkeeping Software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/21 Rpt: 31/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 03/04/2024	<b>5</b> Payee name Intuit Software Sales	
<b>6</b> Amount (\$) \$150.31  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription For Bookkeeping Software
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2024	Payee name Intuit Software Sales	
Amount (\$) \$150.31  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription For Bookkeeping Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2024	Payee name Intuit Software Sales	
Amount (\$) \$150.31  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription For Bookkeeping Software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/21 Rpt: 32/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
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<b>4</b> Date 06/03/2024	<b>5</b> Payee name Intuit Software Sales
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<b>6</b> Amount (\$) \$150.31  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription For Bookkeeping Software
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/08/2024	Payee name Next Day Flyers
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Amount (\$) \$193.72  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1431 W Knox Street Suite B700 Torrence, CA 90501
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing For Flyers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/12/2024	Payee name Office Depot
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Amount (\$) \$43.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 201 Springtown Way  San Marcos, TX 78666
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/21 Rpt: 33/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
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<b>4</b> Date 02/14/2024	<b>5</b> Payee name Office Depot
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<b>6</b> Amount (\$) \$43.24  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 201 Springtown Way  San Marcos, TX 78666
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expense For General Meeting
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/14/2024	Payee name UPS Store
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Amount (\$) \$82.81  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5401 FM 1626 Ste 170 Kyle, TX 78640
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Shipping	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shipping Materials To Various Members
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/11/2024	Payee name USPS
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Amount (\$) \$20.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 210 Stagecoach Trail  San Marcos, TX 78666
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Postage	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/21 Rpt: 34/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 01/02/2024	<b>5</b> Payee name Wells Fargo Bank N.A.	
<b>6</b> Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bankcard fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name Wells Fargo Bank N.A.	
Amount (\$) \$12.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name Wells Fargo Bank N.A.	
Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/21 Rpt: 35/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/20/2024	<b>5</b> Payee name Wells Fargo Bank N.A.	
<b>6</b> Amount (\$) \$12.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/04/2024	Candidate/Officeholder name Wells Fargo Bank N.A.	
Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 2019  Austin, TX 78768	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bank fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2024	Candidate/Officeholder name Wells Fargo Bank N.A.	
Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 2019  Austin, TX 78768	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/21 Rpt: 36/40	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
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<b>4</b> Date 05/02/2024	<b>5</b> Payee name Wells Fargo Bank N.A.
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<b>6</b> Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bankcard fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/03/2024	Payee name Wells Fargo Bank N.A.
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Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense bankcard fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 01/05/2024	5 Payee name Imperium Public Affairs	
6 Amount (\$) 7,200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 13382  Austin, TX 78711	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Lobbyist
Date 02/05/2024	Payee name Imperium Public Affairs	
Amount (\$) 7,200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 13382  Austin, TX 78711	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Lobbyist
Date 03/05/2024	Payee name Imperium Public Affairs	
Amount (\$) 7,200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 13382  Austin, TX 78711	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Lobbyist
Date 04/03/2024	Payee name Imperium Public Affairs	
Amount (\$) 7,200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 13382  Austin, TX 78711	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Lobbyist

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 05/10/2024	5 Payee name Imperium Public Affairs	
6 Amount (\$)  7,200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 13382  Austin, TX 78711	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Lobbyist
Date 06/05/2024	Payee name Imperium Public Affairs	
Amount (\$)  7,200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 13382  Austin, TX 78711	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) Lobbyist

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

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 39/40
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 01/31/2024	<b>5</b> Name of person from whom amount is received WellsFargo Bank <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	<b>8</b> Amount (\$)  \$0.16
<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 02/29/2024	Name of person from whom amount is received WellsFargo Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	Amount (\$)  \$0.04
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 03/31/2024	Name of person from whom amount is received WellsFargo Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	Amount (\$)  \$0.05
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 04/30/2024	Name of person from whom amount is received WellsFargo Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	Amount (\$)  \$0.05
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 05/31/2024	Name of person from whom amount is received WellsFargo Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	Amount (\$)  \$0.05
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 40/40
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 06/30/2024	<b>5</b> Name of person from whom amount is received WellsFargo Bank	<b>8</b> Amount (\$)  \$0.04
<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228		
<b>7</b> Purpose for which amount is received Interest <span style="float: right;"><input type="checkbox"/> Check if political contribution returned to filer</span>		
Date 06/30/2024	Name of person from whom amount is received WellsFargo Bank	Amount (\$) \$2,839.93
Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228		
Purpose for which amount is received unrealized gain <span style="float: right;"><input type="checkbox"/> Check if political contribution returned to filer</span>		