#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00056103 Date Received COMMITTEE Texas Radiological Society PAC **ELECTRONICALLY FILED** NAME 10/01/2024 TREASURER Kirk, I. Ray (Dr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 01/01/2024 06/30/2024 **EXPLANATION OF CORRECTION** An unrealized gain for the TRS PAC was unintentionally/accidently 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. 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 \_\_\_\_ \_\_\_\_\_, 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

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

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Radiological Sc	ociety PAC		00056103	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
		в. Оррозец		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,075.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,559.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	294,391.21
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Dr. I. F	Ray Kirk	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, ti	his the	day
of	, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer a	luministering oath	Printed name of officer administering oath	ritie of offic	cer administering oath

## **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			4 of 40				
17 COMMITT Texas Ra	EE NAME adiological Society PAC	<b>18</b> Filer ID 00056103	(Ethics Commission Filers)				
	19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 24,075.0				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 9,559.5				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 43,200.0				
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 2,840.3				

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	pages Schedule A1: 1/11 Rpt: 5/40	
2	FILER NAME				3 Filer	D (Ethics Commission	on Filers)
	Texas Radio	ological Society PAC			0005	6103	
4	Date 05/15/2024	<ul><li>5 Full name of contributor Avery M.D., Sarah (Dr.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		<b>7</b> Amou	int of Contribution (\$)	\$100.00
		Austin, TX 78746					
8	Principal occu	pation / Job title (See Instructions	) 9	Employer (See Instructions	s)		
	Radiologist	,	,	Austin Radiological Ass			
	Date	Full name of contributor	out-of-state PAC (ID#:		I Amou	unt of Contribution (\$)	
	05/15/2024	Beckmann M.D., Nicholas  Contributor address; City; St	(Dr.)			int of Continuation (9)	\$1,000.00
		Houston, TX 77030-1501					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Radiologist			UT Health Science Cen	nter		
	Date 02/27/2024	Full name of contributor Boatsman M.D., Justin E. Contributor address; City; St			Amou	int of Contribution (\$)	\$1,000.00
		Alamo Heights, TX 78209					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Radiologist			South Texas Radiology	Group		
	Date 02/27/2024	Full name of contributor Boys M.D., Gregory (Dr.) Contributor address; City; St San Antonio, TX 78248-24				int of Contribution (\$)	\$2,000.00
		pation / Job title (See Instructions	)	Employer (See Instructions			
	Radiologist			South Texas Radiology	Group		
	Date 05/15/2024	Full name of contributor Brown, Charles (Dr.)  Contributor address; City; St  Austin, TX 78732	out-of-state PAC (ID#: ate; Zip Code	)	Amou	int of Contribution (\$)	\$50.00
	Principal occu Radiologist	pation / Job title (See Instructions		Employer (See Instructions Unknown	s)		
			•				

The Instruc				
	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/11 Rpt: 6/40	
2 FILER NAME Texas Radiol	logical Society PAC		3 Filer ID (Ethics Commission 00056103	on Filers)
05/15/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$)	\$250.00
	Dallas, TX 75390-8896			
8 Principal occup Radiologist	pation / Job title (See Instructions)	9 Employer (See Instructions UT Southwestern Medic		
Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Childs III M.D., Tilden L. (Dr.) Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$100.00
Principal occur	Fort Worth, TX 76109-1032 pation / Job title (See Instructions)	Employer (See Instructions	<b>.</b>	
Radiologist	pation, sob title (see instructions)	Radiology Associates of		
Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_Clement IV M.D., John P. (Dr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00
	San Antonio, TX 78209-3630			
Principal occup Radiologist	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology		
Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Courtines, Michel-Alexis (Dr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00
Principal occup Radiologist	San Antonio, TX 78258 pation / Job title (See Instructions)	Employer (See Instructions Audie Murphy VA Hospi	•	
Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Crow M.D., Keith A. (Dr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78249-2080		Amount of Contribution (\$)	\$1,000.00
	pation / Job title (See Instructions)	Employer (See Instructions		
Radiologist		South Texas radiology G	Group, PA	

	WONEI	ARY POLITICAL (	ZONTRIBUTIO	CNIV	SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains hov	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/11 Rpt: 7/40	
2	FILER NAME Texas Radio	logical Society PAC			3 Filer ID (Ethics Commissio 00056103	n Filers)
4	Date 05/15/2024	<ul><li>5 Full name of contributor Dalrymple, Neal C. (Dr.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	\$500.00
		Helotes, TX 78023				
8	Principal occu Radiologist	pation / Job title (See Instructions	s) 	9 Employer (See Instructions South Texas Radiology		
	Date 05/15/2024	Full name of contributor  Desai, Kurren (Dr.)  Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code	)	Amount of Contribution (\$)	\$25.00
	Principal occu Radiologist	Temple, TX 76508 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 	
	Date 05/15/2024	Full name of contributor Glass, Thomas (Dr.)  Contributor address; City; S  McKinney, TX 75069-916			Amount of Contribution (\$)	\$100.00
	Principal occu Radiologist	pation / Job title (See Instructions		Employer (See Instructions	5)	
	Date 05/15/2024	Full name of contributor Gurian, John H. (Dr.)  Contributor address; City; S  San Antonio, TX 78229-0	tate; Zip Code		Amount of Contribution (\$)	\$450.00
	Principal occu Radiologist	pation / Job title (See Instructions		Employer (See Instructions South Texas Radiology		
	Date 02/27/2024	Full name of contributor Healy, Mark E. (Dr.) Contributor address; City; S San Antonio, TX 78229	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	\$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions South Texas Radiology		
			<b>'</b>			

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 8/40	
2	FILER NAME Texas Radio	ological Society PAC			3 Filer ID (Ethics Commissio 00056103	n Filers)
4	Date 05/15/2024	<ul> <li>Full name of contributor</li></ul>	:	)	7 Amount of Contribution (\$)	\$100.00
		Houston, TX 78730				
8	Principal occu Radiologist	pation / Job title (See Instructions)	9 Employer (S Houston M	See Instructions) lethodist		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# Kanchan M.D., Phalak (Dr.)  Contributor address; City; State; Zip Code	:	)	Amount of Contribution (\$)	\$200.00
	Principal occu Radiologist	Houston, TX 77018-3117  upation / Job title (See Instructions)	Employer (S	 Gee Instructions) Son	)	
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID# Khan M.D., Faraz (Dr.)  Contributor address; City; State; Zip Code	:	)	Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77056-2715  spation / Job title (See Instructions)	Employer (S	See Instructions)		
	Radiologist	pation 7 665 title (GCC instructions)		adiology Asso		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# Khan M.D., Faraz (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77056-2715		)	Amount of Contribution (\$)	\$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions)				
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# Kirk, I. Ray (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77005			Amount of Contribution (\$)	\$100.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (S Kirk Ventu	See Instructions)		
	3 11		1			

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS	SCHEDULE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 5/11 Rpt: 9/40
2	FILER NAME	laciaal Casiaty DAC			3 Filer ID (Ethics Commission Filers)
_		logical Society PAC			00056103
4	Date 02/27/2024	<ul><li>5 Full name of contributor Kruger M.D., Ariel (Dr.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78209			
8	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	5)
	Radiologist			South Texas Radiology	Group
	Date 05/15/2024	Full name of contributor Kwon, Jeannie (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$250.00
		Dallas, TX 75024-3214			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)
	Radiologist			UT Southwestern Medic	cal Center at Dallas
	Date 02/26/2024	Full name of contributor Lyons M.D., Travis (Dr.)  Contributor address; City; Si	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78258			
		pation / Job title (See Instructions	5)	Employer (See Instructions	
	Radiology			South Texas Radiology	Group
	Date 05/15/2024	Full name of contributor Mathis, Douglas (Dr.)  Contributor address; City; Si  San Antonio, TX 78234	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$500.00
	Principal occu Radiologist	pation / Job title (See Instructions	(3)	Employer (See Instructions TWC	5)
	Date 05/15/2024	Full name of contributor  Menendez M.D., Isabel (E  Contributor address; City; Si  Aransas Pass, TX 78374			Amount of Contribution (\$) \$100.00
		pation / Job title (See Instructions	3)	Employer (See Instructions	
	Radiologist			Care Regional Medical	Center

WONE	TARY POLITICAL CONTRIBUTI	ION2	SCHEDULE A1
The Insti	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/11 Rpt: 10/40
2 FILER NAM Texas Rad	IE diological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4 Date 05/15/202		#:)	7 Amount of Contribution (\$) \$500.00
	Dallas, TX 75230		
8 Principal od Radiologis	cupation / Job title (See Instructions) st	9 Employer (See Instructions UT Southwestern Medic	
Date 01/25/202	Full name of contributor	#:)	Amount of Contribution (\$) \$100.00
Principal oc	Sugarland, TX 77478	Employer (See Instruction:	s)
Radiologis		Retired	<del>-</del> /
Date 02/27/202	Full name of contributor out-of-state PAC (ID# Orsi M.D., Michael (Dr.)  Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$1,000.00
	San Antonio, TX 78232-2824		
Principal od Radiologis	cupation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	
Date 02/27/202	Full name of contributor out-of-state PAC (ID# Pallan M.D., Pablo (Dr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
Principal oc Radiologis	San Antonio, TX 78256-1666 ccupation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	
Date 05/15/202	Full name of contributor out-of-state PAC (ID# Parikh M.D., Jay (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77030	#:)	Amount of Contribution (\$) \$100.00
	cupation / Job title (See Instructions)	Employer (See Instruction:	
Radiologis	37	UT MD Anderson Cente	er

	MONET	ARY POLITICAL CONTRIBUTION	ON	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 11/40	
2	FILER NAME Texas Radio	logical Society PAC			3	Filer ID (Ethics Commission 00056103	on Filers)
4	Date 02/26/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Patel M.D., Dipan (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$1,000.00
_	Deireciant	Shavano Park, TX 78230-5641	10	Facelouse (One leaders the one	$\overline{\Gamma}$		
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions South Texas Radiology		oup	
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# Phillip M.D., Joseph (Dr.)  Contributor address; City; State; Zip Code	:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Temple, TX 76508-0001 pation / Job title (See Instructions)	_	Employer (See Instructions	-, 		
	Radiologist	pation 7 oob title (oce manuellons)		Baylor Scott & White	')		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# Roberts M.D., Sidney (Dr.)  Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$50.00
		Lufkin, TX 75904					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Arthur Temple Cancer C		iter	
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# Saleem, Arsalan (Dr.)  Contributor address; City; State; Zip Code  Galveston, TX 77550		)		Amount of Contribution (\$)	\$500.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions UTMB	5)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID# Sandoval M.D., Kenneth A. (Dr.)  Contributor address; City; State; Zip Code  Humble, TX 77346	:			Amount of Contribution (\$)	\$500.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup, PA	

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 12/40	
2	FILER NAME Texas Radio	logical Society PAC			3	Filer ID (Ethics Commission F 00056103	-ilers)
4	Date 05/24/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Shah M.D., Rajeev (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Radiologist	West Lake Hills, TX 78743 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 05/24/2024	Full name of contributor out-of-state PAC (ID#:_ Sherman, Paul (Dr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78236-5300		)		Amount of Contribution (\$)	\$250.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions USAF	<u>l</u> 5)		
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_Silva III M.D., Ezequiel (Dr.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1	L,000.00
	Principal occu Radiologist	San Antonio, TX 78212-2303 pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup. PA	
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Spence M.D., Susanna (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions UT Health Science Cen			
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_Stoll, John F. (Dr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78232-2902				Amount of Contribution (\$)	\$500.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup	

	MONEI	ARY POLITICAL CONTRIBUTION	Or	<b>N</b> 5		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 13/40
2	FILER NAME Texas Radio	ological Society PAC			3	Filer ID (Ethics Commission Filers) 00056103
4	Date 05/15/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$) \$250.00
		Houston, TX 77024				
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions Baylor College of Medic		)
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# Thomas M.D., John W. (Dr.)  Contributor address; City; State; Zip Code  San Antonio, TX 78232-3508	#:			Amount of Contribution (\$) \$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		Oun
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# Tibbetts M.D., Todd A. (Dr.)  Contributor address; City; State; Zip Code  Fort Worth, TX 76104		)		Amount of Contribution (\$) \$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID# Tornow, Kelly (Dr.)  Contributor address; City; State; Zip Code  Dallas, TX 75390				Amount of Contribution (\$) \$100.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions UT Southwestern	<u>                                      </u>	
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID# Venkatesan M.D., Aradhana (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77025	#:			Amount of Contribution (\$) \$50.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions UT MD Anderson Cance		Center
			- 1			

	MONEI	ARY POLITICAL CONTRIBUTION	JN3	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/11 Rpt: 14/40
2	FILER NAME Texas Radio	ological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103
4	Date 05/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Weatherall M.D., Paul (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7 Amount of Contribution (\$) \$600.00
		Dallas, TX 75230		
8	Principal occu Radiologist	pation / Job title (See Instructions)	9 Employer (See Instructions UT Southwestern	s)
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Wood M.D., David (Dr.)  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$200.00
	Principal occu	Fair Oaks Ranch, TX 78015-4755  upation / Job title (See Instructions)	Employer (See Instructions	
	Radiologist	pation / Job title (See Instituctions)	South Texas Radiology	
	Date 01/25/2024	Full name of contributor out-of-state PAC (ID#:_Zerner M.D., James (Dr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
		Dallas, TX 75225		
	Principal occu Radiologist	ipation / Job title (See Instructions)	Employer (See Instructions Radiological Consultant	
	Date 02/27/2024	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
	Principal occu Radiologist	San Antonio, TX 78229-0441  upation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_ Zink M.D., Walter (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78229		Amount of Contribution (\$) \$500.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	forr	n.	1	Total pages Schedule A1: Sch: 11/11 Rpt: 15/40
2	FILER NAME Texas Radio	ological Society PAC			3	Filer ID (Ethics Commission Filers) 00056103
4	Date 02/26/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: liaw, Stephen (Dr.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$) \$1,000.00
8	Principal occu	San Antonio, TX 78230  upation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)	
	Radiologist	,		South Texas Radiology		oup

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	[:	3 Filer ID (Ethics Commission Filers)		
Sch: 1/21 Rpt: 16/40	Texas Radiological Society PAC		00056103		
4 Date	5 Payee name	L			
01/27/2024	Allman & Associates, Inc.				
6 Amount (\$) \$82.37	7 Payee address; City; State; 600 Great Hills Trail, Suite 150W	Zip Code			
Expenditure from corporate funds	Austin, TX 78757				
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Accounting/Banking  (b) Description Check if travel outside			utside of Texas. Complete Schedule T. FX, officeholder living expense ion		
Complete ONLY if direct expenditure to benefit C/OF		ffice sought	Office held		
Date	Payee name				
05/29/2024	Allman & Associates, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,700.00	600 Great Hills Trail, Suite 150W				
Expenditure from corporate funds	Austin, TX 78757				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Accounting/Banking	Check if travel ou	utside of Texas. Complete Schedule T. FX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI		ffice sought	Office held		
Date	Payee name				
01/12/2024	Garbaccio, Karen				
Amount (\$) \$300.00	Payee address; City; State; 2268 Summit Ridge Dr	Zip Code			
Expenditure from corporate funds	San Marcos, TX 78666				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense aff		
Complete ONLY if direct expenditure to benefit C/O		ffice sought	Office held		

### SCHEDULE F1

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/21 Rpt: 17/40	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
01/26/2024	Garbaccio, Karen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Wages For Staff
	wages i oi staii
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
02/09/2024	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	2268 Summit Ridge Dr
Expenditure from	
corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Wages For Staff
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p	
Date	Payee name
02/23/2024	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$480.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Wages For Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORAMATO TO BOTTOM O/OI	•

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fil	ers)
Sch: 3/21 Rpt: 18/40	Texas Radiological Society PAC 00056103	
4 Date	5 Payee name	
03/08/2024	Garbaccio, Karen	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$390.00	2268 Summit Ridge Dr	
Expenditure from corporate funds	San Marcos, TX 78666	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Wages For Staff	
	wages i or stair	
O Commission ONLL V if disease	Candidate/Officeholder north	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
<u> </u>		
Date	Payee name	
03/22/2024	Garbaccio, Karen	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	2268 Summit Ridge Dr	
Expenditure from corporate funds	San Marcos, TX 78666	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
-	Check if Austin, TX, officeholder living expense	
	Wages For Staff	
2 1 2 2 1 1 2 1 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
oxportantaro to soment ere		
Date	Payee name	
04/05/2024	Garbaccio, Karen	
Amount (\$)	Payee address; City; State; Zip Code	
\$180.00	2268 Summit Ridge Dr	
Expenditure from corporate funds	San Marcos, TX 78666	
•		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/M/ages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Wages For Staff	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Sch: 4/21 Rpt: 19/40	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	
04/19/2024	Garbaccio, Karen	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$240.00	2268 Summit Ridge Dr	
Expenditure from corporate funds	San Marcos, TX 78666	
<u> </u>		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside	e of Texas. Complete Schedule T.
EXPENDITURE	Galaties/ Wages/Gottliagt Eabor	officeholder living expense
	Wages For Staff	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	DH .	
Date	Payee name	
05/03/2024	Garbaccio, Karen	
Amount (\$)	Payee address; City; State; Zip Code	
\$120.00	2268 Summit Ridge Dr	
¥==0.00		
Expenditure from corporate funds	San Marcos, TX 78666	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Jaianes/ Wages/ Contract Eabor	e of Texas. Complete Schedule T.
-	Wages For Staff	officeholder living expense
	wages For Stair	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Data	T 5	
Date 05/17/2024	Payee name	
	Garbaccio, Karen	
Amount (\$)	Payee address; City; State; Zip Code	
\$240.00	2268 Summit Ridge Dr	
Expenditure from		
corporate funds	San Marcos, TX 78666	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Jaianes/ Wages/Contract Labor	e of Texas. Complete Schedule T.
	Wages For Staff	officeholder living expense
	Trages For Stati	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/Ol		200 11010

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/21 Rpt: 20/40	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
05/31/2024	Garbaccio, Karen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$180.00	2268 Summit Ridge Dr
Evnonditure from	
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Wages For Staff
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Daysa nama
06/14/2024	Payee name Garbaccio, Karen
Amount (\$) \$330.00	Payee address; City; State; Zip Code  2268 Summit Ridge Dr
φ330.00	2200 Summit Mage Di
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Wages For Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/28/2024	Garbaccio, Karen
Amount (\$)	Payee address; City; State; Zip Code
\$180.00	2268 Summit Ridge Dr
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Wages For Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.50	•
Forms provided by Tayas E	thice Commission Washing state ty us Varsion V// 1.0 //2da51f7

### 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

Credit Card Layment	The Instruction Guide explains ho	ow to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/21 Rpt: 21/40	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	<u> </u>
03/20/2024	Garbaccio, Karen	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
\$160.13	2268 Summit Ridge Dr	
	3	
Expenditure from corporate funds	San Marcos, TX 78666	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	
EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Mileage to and from Annual Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Off	fice sought Office held
expenditure to benefit C/O		onio nou
Date	Barra marra	
06/14/2024	Payee name	
	Gaylor, Emily	
Amount (\$)		Zip Code
\$150.00	6101 Reiger Avenue	
Expenditure from corporate funds	Dallas, TX 75214	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	dule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Wages For Staff
		vvages i oi staii
Complete ONLY if direct	Candidate/Officeholder name Off	fice sought Office held
expenditure to benefit C/O		ince sought Office field
Date	Payee name	
06/28/2024	Gaylor, Emily	
Amount (\$)	Payee address; City; State;	Zip Code
\$150.00	6101 Reiger Avenue	
Expenditure from		
corporate funds	Dallas, TX 75214	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	dule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Wages For Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fice sought Office held
3.,50	-	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/21 Rpt: 22/40	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
04/03/2024	Imperium Public Affairs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$346.34	PO Box 13382
Expenditure from corporate funds	Austin, TX 78711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Lobbyist Expense Meals and Beveridges
	Edubyist Experise Media drid Beverluges
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/10/2024	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$419.47	PO Box 13382
Expenditure from corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Lobbyist Expense Meals and Beveridges
	Lobbyist Expense - Medis and Devenages
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
06/05/2024	Imperium Public Affairs
Amount (\$)	Payee address; City; State; Zip Code
\$212.99	PO Box 13382
Expenditure from	
corporate funds	Austin, TX 78711
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Lobbyist Expense Meals and Beveridges
Operated Objects "	Open districts (Office health an arms)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
21.12.11.21.12.12.12.12.12.12.12.12.12.1	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Offic Pollir pense Print Sala	e Overheang Expensing Expensions The Expensions in Expensi	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1 Total pages Schedule F1:	2 EII ED NAMI		•			3	Filor ID	(Ethics Commission Filers)
Sch: 8/21 Rpt: 23/40		2 FILER NAME Texas Radiological Society PAC 3 Filer ID (Ethics Commission Filers) 00056103						
4 Date	5 Payee name							
01/05/2024		ublic Affairs						
6 Amount (\$) \$131.53	7 Payee address; City; State; Zip Code PO Box 13382							
Expenditure from corporate funds	Austin, TX	78711						
8 PURPOSE OF EXPENDITURE		ee Categories listed at the to age Expense	op of this schedule)	(b)	Check if Austin,	, TX,	de of Texas. Com officeholder living idge Expens	
9 Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Office	sought			Office he	eld
Date	Payee name							
02/05/2024		ublic Affairs						
Amount (\$) \$118.05	Payee addre	•	State; Zip	Code				
Expenditure from corporate funds	Austin, TX	78711						
PURPOSE OF EXPENDITURE		ee Categories listed at the to age Expense	op of this schedule)	(b)	Check if Austin,	, TX,	de of Texas. Com officeholder living idge Expens	
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office	sought			Office he	eld
Date 03/05/2024	Payee name Imperium F	ublic Affairs						
Amount (\$) \$968.12	Payee addre		State; Zip	Code				
Expenditure from corporate funds	Austin, TX	78711						
PURPOSE OF EXPENDITURE		ee Categories listed at the to	op of this schedule)	(b)	Check if Austin,	, TX,	de of Texas. Com officeholder living idge Expens	
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office	sought			Office he	eld

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	,	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission		
Sch: 9/21 Rpt: 24/40	Texas Radiological Society PAC 00056103		
4 Date	5 Payee name		
01/12/2024	Internal Revenue Service		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$22.95	550 Main St.		
Expenditure from			
corporate funds	Cincinnati, OH 45202		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule To Check if Austin, TX, officeholder living expense	•	
	Payroll Taxes		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	OH		
Date	Payee name		
01/26/2024	Internal Revenue Service		
Amount (\$)	Payee address; City; State; Zip Code		
\$22.95	550 Main St.		
Expenditure from			
corporate funds	Cincinnati, OH 45202		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule Texas. Complete Schedule Texas.	<b>.</b>	
	Check if Austin, TX, officeholder living expense Payroll Taxes		
	T dyfoli raxes		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	ЭН		
Date	Payee name		
02/09/2024	Internal Revenue Service		
Amount (\$)	Payee address; City; State; Zip Code		
\$22.95			
Expenditure from corporate funds	Cincinnati, OH 45202		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule 1	-	
	Check if Austin, TX, officeholder living expense Payroll Taxes		
	T dyfoli Taxes		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			

### SCHEDULE F1

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sala:  The Instruction Guide explains how t	ies/Wages/Contract Labor OTHER (enter a category not listed above)  complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/21 Rpt: 25/40	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	
02/23/2024	Internal Revenue Service	
6 Amount (\$) \$36.72	7 Payee address; City; State; Zip 550 Main St.	Code
Expenditure from corporate funds	Cincinnati, OH 45202	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Payroll Taxes
Complete ONLY if direct expenditure to benefit C/O		sought Office held
Date	Payee name	
03/08/2024	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip	Code
\$29.84	550 Main St.	Couc
Ψ29.04	330 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Payroll Taxes
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O		
Date	Payee name	
03/22/2024	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip	Code
\$11.47	550 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EAPENDITURE	-	Check if Austin, TX, officeholder living expense
		Payroll Taxes
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O	Н	

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/21 Rpt: 26/40	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
04/05/2024	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.77	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Payroll Taxes
O Commission ONLY if allowed	Our did to 10 ff as had done as one of the second to the s
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/19/2024	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$18.36	550 Main St.
,	
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
_/	Check if Austin, TX, officeholder living expense
	Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/03/2024	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$9.18	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Payroll Taxes
Operation Children	Orandi data (Office hadden manne
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

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

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

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	,
1 Total pages Schedule F1:	
Sch: 13/21 Rpt: 28/40	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
06/14/2024	Internal Revenue Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.25	550 Main St.
Ψ23.23	330 Main St.
Expenditure from	
corporate funds	Cincinnati, OH 45202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Payroll Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/28/2024	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$13.77	550 Main St.
- Evnanditura from	
Expenditure from corporate funds	Cincinnati, OH 45202
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/28/2024	Internal Revenue Service
Amount (\$)	Payee address; City; State; Zip Code
\$20.93	550 Main St.
Expenditure from corporate funds	Cincinnati, OH 45202
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Salarias/Magas/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Payroll Taxes
	T ASTOR TAXOS
Complete CNII V if alia	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

### 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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/21 Rpt: 29/40	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	<u> </u>
01/31/2024	Internal Revenue Service	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$0.03	550 Main St.	
Expenditure from		
corporate funds	Cincinnati, OH 45202	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Federal Tax	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Federal Tax Withheld
		reactar tax withinitia
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
03/31/2024	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Co	de
\$0.01	550 Main St.	
Expenditure from corporate funds	Cincinnati, OH 45202	
PURPOSE OF	,	(b) Description
EXPENDITURE	Federal Tax	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Federal Tax Withheld
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
04/30/2024	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Co	de
\$0.01	550 Main St.	
Expenditure from		
corporate funds	Cincinnati, OH 45202	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Federal Tax	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Federal Tax Withheld
		rederal rax withheld
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI	•	550 11014

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/21 Rpt: 30/40	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	•
05/31/2024	Internal Revenue Service	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.01	550 Main St.	
- Evpanditura from		
Expenditure from corporate funds	Cincinnati, OH 45202	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Federal Tax	Check if travel outside of Texas. Complete Schedule T.
LXI LIBITORE		Check if Austin, TX, officeholder living expense Federal Tax Withheld
		rederal rax withheld
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Data	D	
Date 01/03/2024	Payee name Intuit Software Sales	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.31	2632 Marine Way	
Expenditure from	Mountain View, CA 94043	
corporate funds		
PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
		Subscription For Bookkeeping Software
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/05/2024	Intuit Software Sales	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.31	2632 Marine Way	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Subscription For Bookkeeping Software
0 1 0 0 1 0 0 1 0 0 1		0.00
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
,		

### SCHEDULE F1

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

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

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

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

### SCHEDULE F1

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/21 Rpt: 32/40	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
06/03/2024	Intuit Software Sales
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.31	2632 Marine Way
Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Subscription For Bookkeeping Software
	Subscription For Bookkeeping Software
O Commission ONULY II	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/08/2024	Next Day Flyers
Amount (\$)	Payee address; City; State; Zip Code
\$193.72	1431 W Knox Street
	Suite B700
Expenditure from corporate funds	Torrence, CA 90501
	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Printing For Flyers
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	Davis same
Date	Payee name
02/12/2024	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$43.24	201 Springtown Way
Expenditure from	
corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Printing Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

The straining Expense Event Expense Event Expense Loan Repayment/Reimbur Community Com

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/21 Rpt: 33/40	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
02/14/2024	Office Depot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$43.24	201 Springtown Way
Expenditure from corporate funds	San Marcos, TX 78666
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Printing Expense For General Meeting
	Finding Expense For General Meeting
O Complete ONEY'S	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
03/14/2024	UPS Store
Amount (\$)	Payee address; City; State; Zip Code
\$82.81	5401 FM 1626
	Ste 170
Expenditure from corporate funds	Kyle, TX 78640
	·
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Shinning  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Shipping Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Shipping Materials To Various Members
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
03/11/2024	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$20.40	210 Stagecoach Trail
Evpanditure from	
Expenditure from corporate funds	San Marcos, TX 78666
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Postage  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Stamps
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 19/21 Rpt: 34/40	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	·
01/02/2024	Wells Fargo Bank N.A.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$20.00	PO Box 2019	
Expenditure from		
corporate funds	Austin, TX 78768	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bankcard fees
		Dankeara rees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Cinido nola
Date	Payee name	
01/03/2024	Wells Fargo Bank N.A.	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.00	PO Box 2019	
Ψ12.00	1 G BOX 2013	
Expenditure from corporate funds	Austin, TX 78768	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		bank fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/02/2024	Wells Fargo Bank N.A.	
Amount (\$)	Payee address; City; State; Zip Code	
\$20.00	PO Box 2019	
Expenditure from corporate funds	Austin, TX 78768	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense bank fee
		Dalik lee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	9	Onice field

### SCHEDULE F1

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

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

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

Credit Card Payment	dit Card Payment  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 20/21 Rpt: 35/40	Texas Radiological Society PAC	00056103					
4 Date	5 Payee name						
02/20/2024	Wells Fargo Bank N.A.						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$12.00	PO Box 2019						
·							
Expenditure from corporate funds	Austin, TX 78768						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ntion					
OF		ck if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	·	ck if Austin, TX, officeholder living expense					
	bank f	ee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
experioliture to benefit C/Oi	П						
Date	Payee name						
03/04/2024	Wells Fargo Bank N.A.						
Amount (\$)	Payee address; City; State; Zip Code						
\$20.00	PO Box 2019						
Expenditure from corporate funds	Austin, TX 78768						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip						
OF EXPENDITURE	' 555	ck if travel outside of Texas. Complete Schedule T.					
	bank f	ck if Austin, TX, officeholder living expense					
	Stark P						
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
expenditure to benefit C/OI		Cinice field					
Data	T 5						
Date 04/01/2024	Payee name						
	Wells Fargo Bank N.A.						
Amount (\$)	Payee address; City; State; Zip Code						
\$20.00	PO Box 2019						
Expenditure from							
corporate funds	Austin, TX 78768						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion					
OF EXPENDITURE	1003	ck if travel outside of Texas. Complete Schedule T.					
	l —	ck if Austin, TX, officeholder living expense  Card Fee					
	Credit	Calu Fee					
Complete CNII V if direct	Candidate/Officeholder name Office sought	Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office field					

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Commission F	Filers)				
Sch: 21/21 Rpt: 36/40						
4 Date	5 Payee name					
05/02/2024	Wells Fargo Bank N.A.					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$20.00	PO Box 2019					
Expenditure from corporate funds	Austin, TX 78768					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	bankcard fee					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	)H					
Date	Payee name					
06/03/2024	Wells Fargo Bank N.A.					
Amount (\$)	Payee address; City; State; Zip Code					
\$20.00	PO Box 2019					
Expenditure from						
corporate funds	Austin, TX 78768					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	bankcard fees					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	OH .					

#### SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 1/2 Rpt:	Texas Radiological Society PAC	00056103			
4 Date	5 Payee name				
01/05/2024	Imperium Public Affairs				
6 Amount (\$)	7 Payee Address; City; State; Zip				
7,200.00	PO Box 13382				
Expenditure from corporate funds	Austin, TX 78711				
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) De	Scription (See instructions regarding type of information required.)			
OF		bbyist			
EXPENDITURE		bby 150			
Date	Payee name				
02/05/2024	Imperium Public Affairs				
Amount (\$)	Payee Address; City; State; Zip				
7,200.00	PO Box 13382				
Expenditure from					
corporate funds	Austin, TX 78711				
PURPOSE		escription (See instructions regarding type of information required.)			
OF EXPENDITURE	Consulting Expense Lo	bbyist			
Date	Payee name				
03/05/2024	Imperium Public Affairs				
Amount (\$)	Payee Address; City; State; Zip				
7,200.00	PO Box 13382				
Expenditure from					
corporate funds	Austin, TX 78711				
PURPOSE OF		Scription (See instructions regarding type of information required.)			
EXPENDITURE	Consulting Expense Lo	bbyist			
Date	Payee name				
04/03/2024	Imperium Public Affairs				
Amount (\$)	Payee Address; City; State; Zip				
7,200.00	PO Box 13382				
Expenditure from					
corporate funds	Austin, TX 78711				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) De				
OF EXPENDITURE	Consulting Expense Lo	bbyist			
	<u> </u>				

#### SCHEDULE I

	The Instruction Guide explains how to complete this form.						
	Fotal pages Schedule I: Sch: 2/2 Rpt:		FILER NAME Texas Radiological Society PAC		3	Filer ID 00056103	(Ethics Commission Filers)
	Date 05/10/2024	1	Payee name Imperium Public Affairs				
, ⊢_, E	Amount (\$) 7,200.00 Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 13382  Austin, TX 78711				
8 E	PURPOSE OF EXPENDITURE	1 ' '	Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description Lobbyist	(See	instructions regarding	ng type of information required.)
	Date 06/05/2024	1	Payee name Imperium Public Affairs				
, E	Amount (\$) 7,200.00 Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 13382  Austin, TX 78711				
F	PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description Lobbyist	(See	instructions regardi	ng type of information required.)

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

### SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.		1		pages Schedule K: 1/2 Rpt: 39/40	
2	FILER NAME				3	Filer	D (Ethics Commission Fi	lers)
	Texas Radio	olog	logical Society PAC 00056				6103	
4	Date	5	Name of person from whom amount is received				8 Amount (\$)	
	01/31/2024		WellsFargo Bank					\$0.16
		6	Address of person from whom amount is received; City; State; Zip Code		•••••			
			Portland, OR 97228					
		7	Purpose for which amount is received	Check if po	litio	cal cor	tribution returned to filer	
			Interest					
	Date	H	Name of person from whom amount is received				Amount (\$)	
	02/29/2024		WellsFargo Bank				(+)	\$0.04
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Address of person from whom amount is received, City, State, 21p code					
			Portland, OR 97228					
		H	Purpose for which amount is received	Check if po	litio	cal cor	tribution returned to filer	
			Interest					
	Data	<u> </u>	Name of paragrafiam whom amount is required				Amount (th)	
	Date 03/31/2024		Name of person from whom amount is received WellsFargo Bank				Amount (\$)	\$0.05
	03/31/2024	ļ						Φ0.03
			Address of person from whom amount is received; City; State; Zip Code					
			Portland, OR 97228					
		┝	Purpose for which amount is received	Check if no	litio	ral cor	Intribution returned to filer	
			Interest	Check ii po	·iicis	oui coi	and the tarried to mer	
	Date	H					Α(Φ)	
	Date 04/30/2024		Name of person from whom amount is received				Amount (\$)	\$0.05
	04/30/2024	ļ	WellsFargo Bank					Φ0.05
			Address of person from whom amount is received; City; State; Zip Code					
			Portland, OR 97228					
		⊢	Purpose for which amount is received	Chook if no	liti	al cor	Intribution returned to filer	
			Interest	Check ii po	iiiii	ai cui	illibution returned to mer	
		는					1	
	Date		Name of person from whom amount is received				Amount (\$)	<b>ተ</b> ር ርር
	05/31/2024	ļ	WellsFargo Bank					\$0.05
			Address of person from whom amount is received; City; State; Zip Code					
			Portland OP 07229					
		$\vdash$	Portland, OR 97228	la			1	
			Purpose for which amount is received	Check if po	litio	cal cor	tribution returned to filer	
			Interest					

## INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 40/40 2 FILER NAME Filer ID (Ethics Commission Filers) Texas Radiological Society PAC 00056103 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2024 \$0.04 WellsFargo Bank 6 Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Date Name of person from whom amount is received 06/30/2024 WellsFargo Bank \$2,839.93 Address of person from whom amount is received; City; State; Zip Code Portland, OR 97228 Purpose for which amount is received Check if political contribution returned to filer unrealized gain