

# 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> 18
<b>3 COMMITTEE NAME</b> Texas Radiological Society PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/14/2025	
<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		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<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> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3756 Westerman Houston, TX 77005		
	STREET OR PO BOX; 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		
	AREA CODE PHONE NUMBER EXTENSION (713) 623-4070		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination		
	<input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year 10/27/2024		Month Day Year 12/31/2024
	THROUGH		
<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)	\$ 5,875.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 4,284.30
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 288,295.39
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****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 18

<b>17 COMMITTEE NAME</b> Texas Radiological Society PAC		<b>18 Filer ID</b> 00056103	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,875.00
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	\$	4,284.30
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	\$	14,400.00
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.14

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/18
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckmann M.D., Nicholas (Dr.)	<b>7</b> Amount of Contribution (\$)  \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77030-1501	
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) UT Health Science Center
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Cooper (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) TX Radiology Associates
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen M.D., Melissa (Dr.)	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Houston, TX 77005-4312	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UTMDACC Oncological Neuroradiology Flwshp
Date 12/30/2024	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 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellenbogen, Paul (Dr.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75201-7055	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/18
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fite, Jordan (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  longview, TX 75605	
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gates, Cameron (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Marcos, TX 78666	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Advanced Imaging San Marcos
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hamstra M.D., Daniel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77030	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Baylor College of Medicine
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hoang, Lon	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Plano, TX 75093-5293	
Principal occupation / Job title (See Instructions) Radiology		Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Karnaze, Greg C. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78759-5873	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) ARA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/18
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 11/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kommula, Nita (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Baylor College of Medicine
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kumaravel, Manickam	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77030-1501	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee M.D., Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Keller, TX 76248-8409	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Envision Imaging North Fort Worth
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lincoln M.D., Christie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77030-3622	
Principal occupation / Job title (See Instructions) Radiology		Employer (See Instructions) Baylor Radiology Associates
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marroquin M.D., Santiago (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Victoria, TX 77904-1101	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Crossroad Diagnostic Imaging

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/18
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 11/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messer, Jay	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229		
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) START Center for Cancer Care
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metwalli M.D., Zeyad (Dr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Houston, TX 77030		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) MD Anderson
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikus M.D., John (Dr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Victoria, TX 77904-1137		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Crossroads Diagnostic Imaging
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murchison M.D., James (Dr.)	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Temple, TX 76508		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Baylor Scott & White
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pong, Dan	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78703		
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Austin Radiological Association

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/18
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prasad, Shashank (Dr.)	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79922	
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) TTU
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reading, Jared (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Uvalde, TX 78801	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Uvalde Memorial Hospital
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schomer, Donald	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) MDA
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seiler, Stephen (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Dallas, TX 75390	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Southwestern
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seiler, Stephen (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Dallas, TX 75390	
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Southwestern



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/18
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharma, Nidhi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75244	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sherman, Paul (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78236-5300	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) USAF
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spence M.D., Susanna (Dr.) <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Health Science Center
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) To , Bao <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions)
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Venkatesan M.D., Aradhana (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT MD Anderson Cancer Center

# 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: 1/7 Rpt: 10/18	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 11/13/2024	<b>5</b> Payee name Caroline Harris Davila for State Representative	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3010 E. Old Settlers Blvd  Round Rock, TX 78665	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 Campaign Contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Driggers, Amie	
Amount (\$) \$23.35  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<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 Payroll expenses - taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2024	Payee name Driggers, Amie	
Amount (\$) \$18.17  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<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 Payroll expenses - 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: 2/7 Rpt: 11/18	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 11/29/2024	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$14.92  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<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 expenses - taxes
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2024	Payee name Driggers, Amie	
Amount (\$) \$16.34  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<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 Payroll expenses - taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2024	Payee name Driggers, Amie	
Amount (\$) \$23.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<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 Payroll expenses - 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: 3/7 Rpt: 12/18	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 11/01/2024	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$270.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2024	Payee name Driggers, Amie	
Amount (\$) \$210.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2024	Payee name Driggers, Amie	
Amount (\$) \$172.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
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                        | 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: 4/7 Rpt: 13/18	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 12/13/2024	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$189.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/27/2024	Payee name Driggers, Amie	
Amount (\$) \$274.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 12/18/2024	Payee name Garbaccio, Karen	
Amount (\$) \$75.00  <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 Contractor
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: 5/7 Rpt: 14/18	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 11/12/2024	<b>5</b> Payee name Imperium Public Affairs	
<b>6</b> Amount (\$) \$125.06  <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 October expenses
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name Imperium Public Affairs	
Amount (\$) \$262.88  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 13382  Austin, TX 78711	
<b>PURPOSE OF EXPENDITURE</b>	<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 October expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2024	Payee name Internal Revenue Service	
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
<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 Federal Tax
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: 6/7 Rpt: 15/18	<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 12/31/2024	<b>5</b> Payee name Internal Revenue Service
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<b>6</b> Amount (\$) \$0.01	<b>7</b> Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202
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Expenditure from corporate funds

<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 Federal Tax
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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 11/04/2024	Payee name Intuit
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Amount (\$) \$184.41	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription
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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 12/03/2024	Payee name Intuit
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Amount (\$) \$184.41	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription
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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: 7/7 Rpt: 16/18	<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 12/19/2024	<b>5</b> Payee name Texas Coalition for Patients
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<b>6</b> Amount (\$) \$1,200.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2592  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) Membership	<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 TX Coalition for Patients Membership
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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 11/04/2024	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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<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 Bank Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/02/2024	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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<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 Bank Fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4 Date 11/12/2024	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 12/04/2024	Payee name Imperium Public Affairs	
Amount (\$)  7,200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 13382  Austin, TX 78711	
<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: 1/1 Rpt: 18/18
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 10/31/2024	<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 (\$)  \$0.04
<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 11/30/2024	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 12/31/2024	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		