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** 07/14/2025 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** 01/01/2025 06/30/2025 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 S	Society 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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	80,148.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,490.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	298,871.22
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Dr. I. F	ay Kirk	
		Signature of Car	mpaign Treası	ırer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			OVER SHEET I	3 of 77
	TEE NAME Radiological Society PAC	18 Filer ID 00056103	(Ethics Commission F	-ilers)
	JLE SUBTOTALS F SCHEDULE		SUBTOTAL AM	OUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8	0,148.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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 CONTRIBUTIONS	S	\$ 1	10,490.36
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	\$ 6	64,200.00
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	0.28
			•	

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instruc	ction Guide explains hov	v to complete this fo	rm.	1 Total pages Sched Sch: 1/49 Rpt: 4		
2	FILER NAME				3 Filer ID (Ethics C	Commission	Filers)
	Texas Radio	logical Society PAC			00056103		
4	Date 05/07/2025	5 Full name of contributor Alexander, Ryan (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:		7 Amount of Contrib	ution (\$)	\$300.00
•	Principal occu	Fort Worth, TX 76104-31 pation / Job title (See Instructions		Employer (See Instructions			
O	Radiologist	pation / Job title (See instructions	5)	Radiology Associates of			
	Radiologist						
	Date 05/07/2025	Full name of contributor Alian, Ali Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contrib	ution (\$)	\$300.00
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	S)		
	Radiologist			UTSW			
	Date Full name of contributor out-of-state PAC (ID# 05/07/2025 Andrews, Eric (Dr.) Contributor address; City; State; Zip Code)	Amount of Contrib	ution (\$)	\$300.00
		Dallas, TX 75208-0109					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Radiologist		´	RANT	,		
	Date 05/07/2025	Full name of contributor Andring, Brice (Dr.) Contributor address; City; S Fort Worth, TX 76104-31	·)	Amount of Contrib	ution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	S)		
	Radiologist			Radiology Associates of	f North Texas		
	Date 05/07/2025	Full name of contributor Anene M.D., Alvin (Dr.) Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contrib	ution (\$)	\$300.00
		Dallas, TX 75390-8896					
	Principal occu Radiologist	pation / Job title (See Instruction:	5)	Employer (See Instructions Radiology Associates of			

	MONEI	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/49 Rpt: 5/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/07/2025	 Full name of contributor out-of-state PAC (ID#: Anne, Padma (Dr.) Contributor address; City; State; Zip Code 	:)	7	Amount of Contribution (\$)	\$300.00
•	Dringing Logov	Houston, TX 77024-2137	٦٥	Employer (Coo Instruction			
ŏ	Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions Virtual Radiologic Corpo		ion	
					Па		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#: Appel M.D., Noah (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		Dallas, TX 75287					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Physician		Radiology Associates of	f No	orth Texas		
	Date Full name of contributor out-of-state PAC (ID# 05/07/2025 Aronson M.D., Stuart (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$225.00
		Fort Worth, TX 76109					
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u> </u>		
	Radiologist	,		Radiology Associates of		orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#: Ashton, Daniel (Dr.) Contributor address; City; State; Zip Code Katy, TX 77494-3890	:			Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Radiologist			Austin Radiological Ass	oci	ation	

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this for	·m.	1 Total pages Schedule A1: Sch: 3/49 Rpt: 6/77	
2	FILER NAME	la via al Cariata DAC			3 Filer ID (Ethics Commission	n Filers)
		logical Society PAC			00056103	
4	Date 05/07/2025	5 Full name of contributor Aznavorian-Bentley M.D.6 Contributor address; City; S)	7 Amount of Contribution (\$)	\$300.00
		Houston, TX 76104-3146				
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	3)	
	Radiologist			Radiology Associates of	North Texas	
	Date 05/07/2025	Full name of contributor Bageac, Alexandru (Dr.) Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104				
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions RANT	5)	
	Date 05/07/2025	Full name of contributor Barker, Brett (Dr.) Contributor address; City; S	Amount of Contribution (\$)	\$300.00		
		Texarkana, TX 75504-18	31			
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)	
	Radiologist			Radiology Associates of	North Texas	
	Date 05/07/2025	Full name of contributor Barr, Patrick W. (Dr.) Contributor address; City; S Dallas, TX 75254-7625	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$225.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)	
	Radiologist			Radiology Associates of	North Texas	
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$300.00
	<u> </u>	Fort Worth, TX 76104-31			<u> </u>	
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions Radiology Associates of		

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/49 Rpt: 7/77	
2	FILER NAME	logical Society PAC			1	Filer ID (Ethics Commission 00056103	on Filers)
_					₩		
4	Date 04/24/2025	Full name of contributor Blackburn Ph.D, Timothy Contributor address; City; St)	7 	Amount of Contribution (\$)	\$500.00
_	Diania da ance	Dallas, TX 75390-9071		2 Familiary (Cardination			
8	Medical Phys	pation / Job title (See Instructions sicist)	9 Employer (See Instructions UTSW	S)		
	Date 05/07/2025	Full name of contributor Blanch, Robert (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$300.00
	Dringinal acqu	Denison, TX 75020-4584	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	c)		
	Radiologist	pation / Job title (See Instructions	Employer (See Instructions Radiology Associates of		orth Texas		
	Date Full name of contributor out-of-state PAC (ID#: 02/20/2025 Boatsman M.D., Justin E. (Dr.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00
		Alamo Heights, TX 78209					
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions South Texas Radiology	•	oup	
)	_	Amount of Contribution (\$)	\$300.00	
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associated o		orth Texas	
	Date O5/07/2025 Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions RANT	s)		

	MONEI	ARY POLITICAL CONTRIBUTI	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 5/49 Rpt: 8/77	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		logical Society PAC			L	00056103	
4	Date 05/07/2025	5 Full name of contributor ☐ out-of-state PAC (ID≠ Boothe, Ethan (Dr.) 6 Contributor address; City; State; Zip Code	#:)	7	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104-3146					
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions RANT	s)		
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	05/07/2025	Boren M.D., Bryant (Dr.)					\$300.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75220-1949					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist Radiology Associa				f No	orth Texas	
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	05/07/2025	Bosemani M.D., Thangamadhan (Dr.)					\$300.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76104	_		<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions		orth Toyon	
	Radiologist			Radiology Associates o	1 1/1		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	05/07/2025	Bowman M.D., Rodney (Dr.) Contributor address; City; State; Zip Code					\$300.00
		Dallas, TX 75209-6024					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	02/20/2025	Boys M.D., Gregory (Dr.)					\$2,000.00
		Contributor address; City; State; Zip Code San Antonio, TX 78248-2426	•••••				
	Principal occu	pation / Job title (See Instructions)	\top	Employer (See Instructions	<u>. </u>		
	Radiologist	•		South Texas Radiology		oup	
			•				

	MONEI	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 6/49 Rpt: 9/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/07/2025	5 Full name of contributorBressler M.D., Robert K. (D6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Radiologist			Radiology Associates of	NO	orth Texas	
	Date 05/07/2025	Full name of contributor Bundy M.D., Scott A. (Dr.) Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$300.00
		Dallas, TX 75205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date Full name of contributor out-of-state PAC (ID# 05/07/2025 Butler, Ray (Dr.) Contributor address; City; State; Zip Code		out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76109-4726					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	Radiologist	,		RANT	,		
	Date 05/07/2025	Full name of contributor Caldwell M.D., Jason (Dr.) Contributor address; City; State Dallas, TX 75204-5518	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 05/07/2025	Full name of contributor Callahan, Brendon (Dr.) Contributor address; City; State Fort Worth, TX 76104-3146				Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	5)		

	MONET	Ά	RY POLITICAL CONTRII	зитю	NS		SCHEDUL	E A1
	The Instru	cti	on Guide explains how to comple	te this fo	rm.	1	Total pages Schedule A1: Sch: 7/49 Rpt: 10/77	
2	FILER NAME	oloc	gical Society PAC			3	Filer ID (Ethics Commission 00056103	n Filers)
_		_				Ļ		
4	Date 05/07/2025	ļ		PAC (ID#:)	<i>'</i>	Amount of Contribution (\$)	\$300.00
		6	Contributor address; City; State; Zip Code					
_			Fort Worth, TX 76104-3146	1		_		
8	Principal occu Radiologist	ıpat	ion / Job title (See Instructions)		9 Employer (See Instructions Radiology Associates of		orth Texas	
	Date		Full name of contributor ut-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025		Chandler, Adam (Dr.)					\$300.00
	Contributor address; City; State; Zip Code							
			Fort Worth, TX 76132-3750					
	Principal occu	ı ıpat	ion / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Radiologist				Radiology Associates of		orth Texas	
Date Full name of contributor out-of-state PAC (ID		PAC (ID#:)		Amount of Contribution (\$)			
	05/07/2025		Chaudry, Shoeb (Dr.)		,		(1)	\$300.00
		Contributor address; City; State; Zip Code						
			Fort Worth TV 76104 2146					
	Principal occu	lnat	Fort Worth, TX 76104-3146 ion / Job title (See Instructions)		Employer (See Instructions	, 		
	Radiologist	ιραι	ion 7 300 title (See instructions)		RANT	')		
	Date		Full name of contributor ut-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025		Chen, Ying (Dr.)					\$300.00
			Contributor address; City; State; Zip Code					
			Fort Worth, TX 76104-3146					
	Principal occu	ıpat	ion / Job title (See Instructions)		Employer (See Instructions	()		
	Radiologist				RANT			
	Date		Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025		Chen M.D., Lee (Dr.)					\$300.00
		ļ	Contributor address; City; State; Zip Code					
			Fort Worth, TX 76104					
	Principal occu	ıpat	ion / Job title (See Instructions)		Employer (See Instructions	()		
	Radiologist				Radiology Associates of	No	orth Texas, PA	
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	MONEI	ARY POLITICAL C	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this form	n.	1 Total pages Schedule A1: Sch: 8/49 Rpt: 11/77	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/07/2025	5 Full name of contributor [Chhaya M.D., Samir (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$300.00
		Houston, TX 76104-3146				
8	Principal occu	I pation / Job title (See Instructions)	9	Employer (See Instructions)	
	Radiologist	,		Radiology Associates of		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	05/07/2025	Chilcoat, R. Gray (Dr.) Contributor address; City; Sta			7	\$300.00
		Fort Worth, TX 76104-2224				
		pation / Job title (See Instructions)		Employer (See Instructions		
	Radiologist			Radiology Associates of		
	Date Full name of contributor out-of-state PAC (ID#:_05/07/2025 Chilcoat M.D., Jill (Dr.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76132-4428	8			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist			Radiology Associates of	North Texas	
	Date 05/07/2025	Full name of contributor Chuang M.D., Alex T. (Dr.) Contributor address; City; Sta)	Amount of Contribution (\$)	\$300.00
		pation / Job title (See Instructions)		Employer (See Instructions		
	Radiologist			Radiology Associates of	North Texas	
	Date 05/07/2025	Full name of contributor Chuang M.D., Wendy (Dr.) Contributor address; City; Sta Houston, TX 77008			Amount of Contribution (\$)	\$300.00
	Principal occu	nation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist			Radiology Associates of		

	MONEI	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 9/49 Rpt: 12/77	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 02/20/2025	 5 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78209-3630					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Radiologist			South Texas Radiology	Gr	oup, PA	
	Date	Full name of contributor out-of-state PAC	(ID#·)	Π	Amount of Contribution (\$)	
	05/07/2025	Comay, Matthew (Dr.)	(ID#	J		γιποαπι οι Contribution (φ)	\$300.00
	00/01/2020						Ψ000.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76109					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist	Radiology Associates of	f N	orth Texas			
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	05/07/2025	Conrad M.D., Jason A. (Dr.)					\$300.00
		Contributor address; City; State; Zip Code					
		Mansfield, TX 76063-5480					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f N	orth Texas	
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
04/24/2025							\$500.00
		San Antonio, TX 78258					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Audie Murphy VA Hospi	ital	Imaging	
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	05/07/2025	Crandall M.D., Benjamin (Dr.)					\$300.00
		Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f N	orth Texas	
			•				

	MONET	ARY	POLITICAL CO	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction G	uide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/49 Rpt: 13/77	
2	FILER NAME Texas Radio	logical S	Society PAC			3	Filer ID (Ethics Commission 00056103	on Filers)
1	Date		name of contributor	out-of-state PAC (ID#:	1	7	Amount of Contribution (\$)	
•	02/20/2025		v M.D., Keith A. (Dr.)	Out-of-state PAC (ID#		ľ	Amount of Continuation (\$\psi\$)	\$1,000.00
		6 Cont	ributor address; City; State	e; Zip Code				
		San	Antonio, TX 78249-208	0				
8	Principal occu Radiologist	pation / J	ob title (See Instructions)		9 Employer (See Instructions South Texas radiology C		up, PA	
	Date	Full r	name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Crov	vhurst M.D., Brian (Dr.)					\$225.00
		Contributor address; City; State; Zip Code						
		Dalla	as, TX 75206-6035					
	Principal occu	pation / J	ob title (See Instructions)		Employer (See Instructions			
					Radiology of North Texa	เร		
	Date	Full r	name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Crur	n , Charles (Dr.)					\$300.00
			ributor address; City; State Worth, TX 76104	e; Zip Code				
	Principal occu	pation / J	ob title (See Instructions)		Employer (See Instructions	<u>L</u>		
	Radiologist		,		RANT			
	Date	Full r	name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Cus	nman M.D., Walter (Dr.)	_				\$300.00
		Cont	ributor address; City; State	e; Zip Code				
		Fort	Worth, TX 76104					
	Principal occu		ob title (See Instructions)		Employer (See Instructions	:) 		
	Radiologist	pation 7 0	ob title (See Histractions)		Radiology Associates of		orth Texas	
	Date	Full r	name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/24/2025	Dalr	ymple, Neal C. (Dr.)	_				\$500.00
		Contributor address; City; State; Zip Code						
		Helc	ites, TX 78023					
	Principal occu	pation / J	ob title (See Instructions)		Employer (See Instructions	5)		
	Radiologist				South Texas Radiology	Gr	oup	

	MONEI	ARY POLITICAL CON	ITRIBUTION	S	SCHEDULI	E A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1 Total pages Schedule A1: Sch: 11/49 Rpt: 14/77	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/07/2025	 5 Full name of contributor output David, James K. (Dr.) 6 Contributor address; City; State; Zi 	nt-of-state PAC (ID#: p Code)	7 Amount of Contribution (\$)	\$300.00
	Drive in all account	Fort Worth, TX 76132	lo.	Frankrije (Coolingtwytiere		
8		pation / Job title (See Instructions)		Employer (See Instructions		
	Radiologist			Radiology Associates of		
	Date 05/07/2025	Full name of contributor ou DeQuesada, Ivan (Dr.) Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist			Radiology Associates of	North Texas	
	Date 05/07/2025	Full name of contributor ou Desai M.D., Neil (Dr.) Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist	,		Radiology Associates of		
	Date 05/07/2025	Full name of contributor out Donepudi M.D., Jyotsna (Dr.) Contributor address; City; State; Zi Colleyville, TX 76034-3663	p Code)	Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		
	Date 05/07/2025	Full name of contributor ou Du, Tuan (Dr.) Contributor address; City; State; Zi Fort Worth, TX 76104	tt-of-state PAC (ID#:)	Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 12/49 Rpt: 15/77	
2	FILER NAME Texas Radio	ological Society PAC		3 Filer ID (Ethics Commission Filers) 00056103	
4	Date 05/07/2025	5 Full name of contributor out-of-state PAC (ID# Dyke M.D., Allen (Dr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$300.	00
_		Fort Worth, TX 76104-3146			
8	Radiology	pation / Job title (See Instructions)	9 Employer (See Instructions Radiology Associates of		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Eckert, Scott (Dr.) Contributor address; City; State; Zip Code	<u>; </u>	Amount of Contribution (\$) \$300.	00
		Tyler, TX 75701			
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Tyler Radiology Associa		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Eickenhorst M.D., Daniel (Dr.) Contributor address; City; State; Zip Code	ŧ:)	Amount of Contribution (\$) \$300.	00
		Fort Worth, TX 76104-3146			
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of	,	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Enriquez, Jose (Dr.) Contributor address; City; State; Zip Code	<u>; </u>	Amount of Contribution (\$) \$300.	00
	Principal occu	Odessa, TX 79765 pation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist	pation / oob title (oce mondono)	RANT	,	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Evans M.D., John (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76126-1906	<i>†</i> :)	Amount of Contribution (\$) \$300.	00
	Principal occu Radiology	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of		

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE /	A1
	The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 13/49 Rpt: 16/77	
2	FILER NAME Texas Radio	ological Society PAC		3 Filer ID (Ethics Commission File 00056103	ers)
4	Date 05/07/2025	5 Full name of contributor out-of-state PAC Evans M.D., Lauren (Dr.)	C (ID#:)	7 Amount of Contribution (\$)	300.00
8	Principal occu	Fort Worth, TX 76104 pation / Job title (See Instructions)	9 Employer (See Instructions		
0	Radiologist	pation / Job title (See Instructions)	Radiology Associates of		
	Date 05/07/2025	Full name of contributor out-of-state PAC Fierke, Shelby R. (Dr.) Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)	300.00
		Fort Worth, TX 76104			
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of		
	Date 05/07/2025	Full name of contributor out-of-state PAC Fiesta M.D., Matthew (Dr.) Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)	300.00
		Fort Worht, TX 76107-1726			
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of	,	
	Date 05/07/2025	Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)	300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Radiologist	, , ,	RANT		
	Date 05/07/2025	Full name of contributor out-of-state PAC Froberg M.D., Kevin P. (Dr.) Contributor address; City; State; Zip Code Colleyville, TX 76034-6618	C (ID#:)	Amount of Contribution (\$)	225.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of		
	Radiologist		Radiology Associates of	North Texas	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/49 Rpt: 17/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			L	00056103	
4	Date 04/24/2025	5 Full name of contributor Frostenson, Phyllis (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
		Arlington, TX 76015					
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	s)		
	Diagnostic R	adiologist		Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	05/07/2025	Fuhrmann M.D., Cletus ([Dr.)			.,	\$300.00
		Contributor address; City; S			•		
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions	9)	Employer (See Instructions	2) 		
	Radiologist	pation, ood title (Ood motivations	,	Radiology Associates o		orth Texas	
	Date	Full name of contributor	out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
	05/07/2025	Galante M.D., Nicholas (E	_			Amount of Contribution (4)	\$300.00
	03/01/2023	Contributor address; City; S					Ψ300.00
		Dallas, TX 75205					
	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5) 		
	Radiologist	pation / 305 title (See Instructions	"	Radiology of North Texa			
			<u> </u>	- Tradiciogy of Horal Toxic	T	A (Q	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 200 00
	05/07/2025	Geppert, Stephen (Dr.) Contributor address; City; S	ate; Zip Code				\$300.00
		Fort Worth, TX 76104-31	16				
	Principal occu	nation / Job title (See Instructions	3)	Employer (See Instructions	<u>I </u>		
	Radiologist		,	Radiology Associates o		orth Texas	
	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)	
	05/07/2025	Gerstle, Ronald (Dr.)	United State 1 AC (ID#			7 mount of Contribution (4)	\$300.00
	00/01/2020	Contributor address; City; S	ate: 7in Code		ł		4000.00
		Contributor address, City, S	ate, Zip Code				
		Fort Worth, TX 76132-375	57				
	Principal occu	I pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
	Radiologist	,		Radiology Associates o		orth Texas	
_							

	MONET	Α	RY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	cti	ion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/49 Rpt: 18/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		_	gical Society PAC			00056103	
4	Date 05/07/2025	ļ	Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$300.00
		6	Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146				
8	Principal occu	lna.	tion / Job title (See Instructions)	9 Employer (See Instructions	:) 		
Ü	Radiologist	ιρα	tion / sob title (see instructions)	RANT	"		
	Date		Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/07/2025		Gongidi, Preelam (Dr.)				\$300.00
		ļ	Contributor address; City; State; Zip Code		1		
			Fort Worth, TX 76107				
	Principal occu	l ına	tion / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Radiologist	.	,	RANT	-,		
	Date	Τ	Full name of contributor out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	05/07/2025		Gouvion M.D., Michael (Dr.)				\$300.00
		ļ	Contributor address; City; State; Zip Code		1		
			Fort Worth TV 76104				
	Dringinal accu	<u> </u>	Fort Worth, TX 76104 tion / Job title (See Instructions)	Employer (See Instructions	<u>''</u>		
	Radiologist	ıµa	tion / Job title (See Instructions)	Radiology Associates of		orth Texas	
		_	Full name of contributor				
	Date 05/07/2025		Full name of contributor out-of-state PAC (ID#:_ Graham, Timothy (Dr.))		Amount of Contribution (\$)	\$300.00
	03/01/2023	ļ			ŀ		Ψ300.00
			Contributor address, City, State, Zip Code				
			Longview, TX 75604				
	Principal occu	ıpa	tion / Job title (See Instructions)	Employer (See Instructions	s)		
	Radiologist			RANT			
	Date		Full name of contributor uut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/07/2025		Gray M.D., John (Dr.)				\$300.00
			Contributor address; City; State; Zip Code				
			Fort Worth, TX 76104-3146				
	Principal occu	l lpa	tion / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Radiologist	,	(222	Radiology Associates of		orth Texas	
_				3, 222			

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	for	m.	1	Total pages Schedule A1: Sch: 16/49 Rpt: 19/77	
2	FILER NAME	Luis I Control PAG			3	Filer ID (Ethics Commission	n Filers)
		logical Society PAC				00056103	
4	Date 05/07/2025	 Full name of contributor out-of-state PAC (ID#:_ Out-of-state PA)	7	Amount of Contribution (\$)	\$300.00
		Colleyville, TX 76034-4244					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Radiologist			Radiology Associates of	No	orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Gupton, Theodore (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		Dallas, TX 75205					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT)		
		_		RAINI			
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID#:_ Gurian M.D., John H. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$450.00
		San Antonio, TX 78229-0441					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			South Texas Radiology	Gr	oup, PA	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_Hall, Jeremy (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_Hall M.D., Katherine (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75220-2134)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	forı	m.	1	Total pages Schedule A1: Sch: 17/49 Rpt: 20/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/07/2025	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$300.00
		Dallas, TX 75254-7647					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u>. </u>		
	Radiologist			Radiology Associates of		orth Texas	
	Date	Full name of contributor	<u> </u>)		Amount of Contribution (\$)	
	05/07/2025	Hammett, Bradley (Dr.)		/		ranount of Contribution (¢)	\$300.00
		Contributor address; City; State; Zip Code					*******
		Sherman, TX 75092					
	Principal occu	pation / Job title (See Instructions)	Т	Employer (See Instructions	<u>. </u>		
	Radiologist	,		RANT	,		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/07/2025	Hammons M.D., Douglas (Dr.)					\$300.00
		Contributor address; City; State; Zip Code					
		Mansfield, TX 76063-5063					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Radiologist			Radiology Associates of	No	orth Texas	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/07/2025	Hanrahan M.D., Correy (Dr.) Contributor address; City; State; Zip Code					\$300.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Radiologist			Radiology Associates of	No	orth Texas	
	Date	Full name of contributor out-of-state PAC (ID#:_	•			Amount of Contribution (\$)	
	05/07/2025	Hardee, KiAnne (Dr.)					\$300.00
		Contributor address; City; State; Zip Code					
	Dringinal age:	Fort Worth, TX 76104	_	Employer (See Instructions	, 		
	Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	·)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.		es Schedule A1: 49 Rpt: 21/77	
2	FILER NAME				3 Filer ID	(Ethics Commission	on Filers)
	Texas Radio	logical Society PAC			0005610	3	
4	Date 05/07/2025	Full name of contributor Harr M.D., Craig A. (Dr.)Contributor address; City; St	out-of-state PAC (ID#:		7 Amount of	f Contribution (\$)	\$300.00
		Aledo, TX 76008					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	s)		
	Radiologist			Radiology Associates of	f North Texas	6	
	Date 02/20/2025	Full name of contributor Healy, Mark E. (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:		Amount of	f Contribution (\$)	\$1,000.00
		San Antonio, TX 78229	İ				
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Radiologist			South Texas Radiology	Group, PA		
	Date 05/07/2025	Full name of contributor Heasley, David (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:)	Amount o	f Contribution (\$)	\$300.00
		Dallas, TX 75225-7006					
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Radiologist			Radiology Associates of	f North Texas	5	
	Date 05/07/2025	Full name of contributor Hill, Michael (Dr.) Contributor address; City; Si Texarkana, TX 75503	out-of-state PAC (ID#:)	Amount o	f Contribution (\$)	\$210.00
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions RANT	s)		
	Date 05/07/2025	Full name of contributor Hoang M.D., Kevin (Dr.) Contributor address; City; Si Fort Worth, TX 76104	out-of-state PAC (ID#:)	Amount of	f Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions	(3)	Employer (See Instructions Radiology Associates of		6	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 19/49 Rpt: 22/77	
2	FILER NAME				1	Filer ID (Ethics Commission	n Filers)
	Texas Radio	ological Society PAC				00056103	
4	Date 05/07/2025	5 Full name of contributor Hobbs, George (Dr.)6 Contributor address; City; Si	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$300.00
		Colleyville, TX 76034					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	rth Texas	
	Date 05/07/2025	Full name of contributor Horstman M.D., William G Contributor address; City; Si				Amount of Contribution (\$)	\$201.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Radiologist			Radiology Associates of	f No	rth Texas	
	Date 04/24/2025	Full name of contributor Hsu, Connie (Dr.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78727					
	Principal occu	pation / Job title (See Instructions	(s)	Employer (See Instructions	<u> </u>		
		al Radiologist	,	Austin Radiological Ass		tion (RP)	
	Date 05/07/2025	Full name of contributor Huff, Joshua A. (Dr.) Contributor address; City; St	·			Amount of Contribution (\$)	\$300.00
	Dringinal occu	Fort Worth, TX 76116-069 pation / Job title (See Instructions		Employer (See Instructions	-/ 		
	Radiologist)	Radiology Associates of		rth Texas	
	Date 05/07/2025	Full name of contributor Hussain, Saad (Dr.) Contributor address; City; St)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions	s)	Employer (See Instructions RANT	5)		

	MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE	E A1
	The Instru	ction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: Sch: 20/49 Rpt: 23/77	
2	FILER NAME Texas Radio	ological Society PAC		3 Filer ID (Ethics Commission 00056103	n Filers)
4	Date 05/07/2025	5 Full name of contributor out-of-state Hyde M.D., Matthew (Dr.)	e PAC (ID#:)	7 Amount of Contribution (\$)	\$300.00
8	Principal occu	Allen, TX 75002-7319 upation / Job title (See Instructions)	9 Employer (See Instructions)	
Ŭ	Radiologist	Apadion / Cob title (Coc mondelions)	Radiology Associates of		
	Date 05/07/2025	Full name of contributor out-of-state Hyman, Benjamin (Dr.) Contributor address; City; State; Zip Code	e PAC (ID#:)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104-3146			
	Principal occu Radiologist	upation / Job title (See Instructions)	Employer (See Instructions RANT)	
	Date 05/07/2025	Full name of contributor out-of-state Iyamu M.D., Ikponmwosa (Dr.) Contributor address; City; State; Zip Code	e PAC (ID#:)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104			
	Principal occu Radiologist	upation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of		
	Date 05/07/2025	Jancowski M.D., Luis A. (Dr.)	e PAC (ID#:)	Amount of Contribution (\$)	\$300.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
	Radiologist		Radiology Associates of	North Texas	
	Date 05/07/2025	Full name of contributor out-of-state Jaster, Adam (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	e PAC (ID#:)	Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	upation / Job title (See Instructions)	Employer (See Instructions RANT)	
	Radiologist		RANT		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS .	SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 21/49 Rpt: 24/77	
2	FILER NAME			3 Filer ID (Ethics Commission	Filers)
	Texas Radio	logical Society PAC		00056103	
4	Date 05/07/2025	 5 Full name of contributor		7 Amount of Contribution (\$)	\$300.00
_	Discharles	Fort Worth, TX 76104-3146	9. Farely and (Oar last)		
8	Principal occu Radiologist	pation / Job title (See Instructions)	9 Employer (See Instru RANT	ructions)	
	Date 05/07/2025	Full name of contributor) Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104-3146			
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instru Radiology Associa	ructions) ates of North Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Kanamalla M.D., Uday (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$300.00
		Houston, TX 76104-3146			
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instru Radiology Associa	ructions) ates of North Texas	
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID#:_Kanchan M.D., Phalak (Dr.) Contributor address; City; State; Zip Code Houston, TX 77018-3117) Amount of Contribution (\$)	\$100.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instru MD Anderson	ructions)	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Kayser M.D., Scott (Dr.) Contributor address; City; State; Zip Code Keller, TX 76248-8489) Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instru Radiology Associa	ructions) ates of North Texas	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS	SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this for	m.	1 Total pages Schedule A1: Sch: 22/49 Rpt: 25/77	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Radio	ological Society PAC			00056103	
4	Date 05/07/2025	Full name of contributor Ketkar, Manoj (Dr.) Contributor address; City; S	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$300.00
	<u> </u>	Fort Worth, TX 76104-31				
8		pation / Job title (See Instructions	s) 9	Employer (See Instructions		
	Radiologist			Radiology Associates of	r North Texas	
	Date 04/24/2025	Full name of contributor Khan M.D., Faraz (Dr.) Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	Amount of Contribution (\$)	\$100.00
		Houston, TX 77056-2715				
		pation / Job title (See Instructions	s)	Employer (See Instructions		
	Radiologist			Synergy Radiology Asso	ociates PA	
	Date 05/07/2025	Full name of contributor Kilgore M.D., David (Dr.) Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$225.00
		Fort Worth, TX 76104-31	16			
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u>	
	Radiologist	pation / oob title (Oce motivotions		Texas Neuroradiology, I		
	Date	Full name of contributor	David of state DAC (ID)			
	05/07/2025	Kirby, Matthew (Dr.) Contributor address; City; S Dallas, TX 75231	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$225.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)	
	Radiologist			Radiology Associates of	f North Texas	
	Date 04/24/2025	Full name of contributor Kirk, I. Ray (Dr.) Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.00
		Houston, TX 77005	,			
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions Kirk Ventures PLLC	5)	

	MONEI	ARY POLITICAL C	ONTRIBUTION	S	SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this for	n.	1 Total pages Schedule A1: Sch: 23/49 Rpt: 26/77
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Texas Radio	logical Society PAC			00056103
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	05/07/2025	Kogan M.D., James (Dr.)			\$300.00
		6 Contributor address; City; Sta			
		Southlake, TX 76092-9423			
8		pation / Job title (See Instructions)	9	Employer (See Instructions	
	Radiologist			Radiology Associates of	North Texas
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	02/20/2025	Kruger M.D., Ariel (Dr.)			\$1,000.00
		Contributor address; City; Sta	te; Zip Code		
		San Antonio, TX 78209			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)
	Radiologist South		South Texas Radiology	Group	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/07/2025	Kuenstler M.D., Kristi M. (D	Or.)		\$201.00
		Contributor address; City; Sta Fort Worth, TX 76108-9202			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)
	Radiologist	,		Radiology Associates of	,
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	04/24/2025	Kwon, Jeannie (Dr.)	Out-of-state FAC (ID#		\$50.00
	0 112 112020	Contributor address; City; Sta	te; Zip Code		433.00
		Dallas, TX 75024-3214			
		pation / Job title (See Instructions)		Employer (See Instructions	
	Radiologist			UT Southwestern Medic	al Center at Dallas
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	05/07/2025	Leifer M.D., David (Dr.)			\$300.00
		Contributor address; City; Sta Dallas, TX 75254-8603	te; Zip Code		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)
	Radiologist			Radiology Associates of	North Texas
			,		

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS	SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 24/49 Rpt: 27/77	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/07/2025	5 Full name of contributor Leihgeber, Timothy (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7 Amount of Contribution (\$)	\$225.00
		Tyler, TX 75701				
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	s)	
	Radiologist			Tyler Radiology Associa	ates	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	05/07/2025	Lin M.D., Scott (Dr.)	_ \		, ,	\$300.00
		Contributor address; City; St	ate; Zip Code			
		Houston, TX 76104-3146				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Radiologist		Radiology Associates of	f North Texas		
	Date 05/07/2025	Full name of contributor Llave , Alfred (Dr.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	Amount of Contribution (\$)	\$300.00
		Tyler, TX 75703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Radiologist			Tyler Radiology Associa	ates	
	Date 05/07/2025	Full name of contributor Lobo M.D., Stephen (Dr.) Contributor address; City; St Fort Worth, TX 76109-354)	Amount of Contribution (\$)	\$300.00
		pation / Job title (See Instructions)	Employer (See Instructions		
	Radiologist			Radiology Associates of	f North Texas	
	Date 05/07/2025	Full name of contributor Lopez M.D., Victor (Dr.) Contributor address; City; St)	Amount of Contribution (\$)	\$300.00
	Date of the	Fort Worth, TX 76104-314		Frankrik (O. J. i. i.		
	Principal occu Radiologist	pation / Job title (See Instructions	·)	Employer (See Instructions Radiology Associates of		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S	SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1 Total pages Schedule A1: Sch: 25/49 Rpt: 28/77	
2	FILER NAME				3 Filer ID (Ethics Commission	Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/07/2025	5 Full name of contributor Lowe, James (Dr.)6 Contributor address; City; State; 2	out-of-state PAC (ID#: Zip Code)	7 Amount of Contribution (\$)	\$300.00
		Longview, TX 75605	la la			
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions) Tyler Radiology Associa		
				Tylei Raulology Associa		
	Date 05/07/2025	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76110-1017				
	Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
	Radiologist			Radiology Associates of	North Texas	
	Date 02/20/2025	Full name of contributor	out-of-state PAC (ID#: Zip Code)	Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78258				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiology	,		South Texas Radiology		
	Date 05/07/2025	Full name of contributor Macha, Douglas (Dr.) Contributor address; City; State; 2 Fort Worth, TX 76104	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist			Radiology Associates of	North Texas	
	Date 05/07/2025	Full name of contributor	out-of-state PAC (ID#: Zip Code		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist			Radiology Associates of	North Texas	
			·			

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	es Schedule A1: 49 Rpt: 29/77		
2	FILER NAME Texas Radio	ological Society PAC		3 Filer ID 0005610	(Ethics Commissio	n Filers)	
4	Date 05/07/2025	5 Full name of contributor out-of-state PAC (ID#: McCaslin, Justin (Dr.) 6 Contributor address; City; State; Zip Code		7 Amount o	f Contribution (\$)	\$300.00	
_	Deignaignal annu	Fort Worth, TX 76104-3146	O Francisco (Coo la structiona				
8	Radiologist	pation / Job title (See Instructions)	9 Employer (See Instructions RANT	5)			
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_McCrary M.D., Kevin (Dr.) Contributor address; City; State; Zip Code)	Amount o	f Contribution (\$)	\$300.00	
	Deinsinal assu	Fort Worth, TX 76104	Franks var (Caa kastrustiana	<u> </u>			
	Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of		s		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#: McCrary M.D., Michael W. (Dr.) Contributor address; City; State; Zip Code)	Amount o	f Contribution (\$)	\$300.00	
		Fort Worth, TX 76109					
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of	•	S		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_McGee, Thomas (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		Amount o	f Contribution (\$)	\$225.00	
	Principal occu Radiologist	ipation / Job title (See Instructions)	Employer (See Instructions RANT	;)			
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_McMillan, Christopher (Dr.) Contributor address; City; State; Zip Code Texarkana, TX 75501-5175)	Amount o	f Contribution (\$)	\$300.00	
	Principal occu Radiologist	ipation / Job title (See Instructions)	Employer (See Instructions RANT	;)			

	MONEI	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instruc	ction Guide explains how t	o complete this forr	n.	1 Total pages Schedule A1: Sch: 27/49 Rpt: 30/77		
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)	
	Texas Radio	logical Society PAC			00056103		
4	Date 05/07/2025	 Full name of contributor Mcauley, Jr., Michael F. (Dr Contributor address; City; State)	7 Amount of Contribution (\$)	\$300.00	
		Fort Worth, TX 76109					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	3)		
	Radiologist			Radiology Associates of	f North Texas		
	Date 04/24/2025	Full name of contributor Menendez M.D., Isabel (Dr. Contributor address; City; State	·		Amount of Contribution (\$)	\$100.00	
		Aransas Pass, TX 78374					
	Principal occupation / Job title (See Instructions)			Employer (See Instructions			
	Radiologist			Care Regional Medical (Center		
	Date 05/07/2025	Full name of contributor Miller, III, Carl (Dr.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		Amount of Contribution (\$)	\$300.00	
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Radiologist			Radiology Associates of	f North Texas		
	Date 05/07/2025	Full name of contributor Miller, Jon (Dr.) Contributor address; City; State Keller, TX 76248	out-of-state PAC (ID#:e; Zip Code)	Amount of Contribution (\$)	\$225.00	
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of			
	Date 05/07/2025	Full name of contributor Mitchell, C. Matthew (Dr.) Contributor address; City; State Fort Worth, TX 76126	out-of-state PAC (ID#:e; Zip Code)	Amount of Contribution (\$)	\$300.00	
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of			

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	£ A1	
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 28/49 Rpt: 31/77		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Texas Radio	logical Society PAC				00056103		
4	Date 05/07/2025	 Full name of contributor out-of-state PAC (I Moate M.D., Michelle (Dr.) Contributor address; City; State; Zip Code 	ID#:)	7	Amount of Contribution (\$)	\$201.00	
		Coppell, TX 75019-4525						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>			
	Radiologist			Radiological Consultant	s A	ssociation		
	Date	Full name of contributor ut-of-state PAC (I	ID#·)	Г	Amount of Contribution (\$)		
	05/07/2025	Monga M.D., Ashish (Dr.)				(,)	\$300.00	
		Contributor address; City; State; Zip Code					,	
		Contributor dudress, Oity, State, 2ip Code						
		Houston, TX 76104-3146						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Radiologist			Radiology Associates of	f N	orth Texas		
	Date	Full name of contributor out-of-state PAC (I	ID#:)	Г	Amount of Contribution (\$)		
	04/24/2025	Montgomery M.D., Mark L. (Dr.)					\$250.00	
		Contributor address; City; State; Zip Code			l			
		Temple, TX 76504-7196						
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Radiologist			Baylor Scott and White				
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)		
	05/07/2025	Moustafa M.D., Amr (Dr.)					\$300.00	
		Contributor address; City; State; Zip Code						
		Fort Worth, TX 76104						
		pation / Job title (See Instructions)		Employer (See Instructions				
	Radiologist			Radiology Associates of	N	orth Texas		
	Date	Full name of contributor out-of-state PAC (I	ID#:)		Amount of Contribution (\$)		
	04/24/2025	Murchison M.D., James (Dr.)					\$80.00	
		Contributor address; City; State; Zip Code						
		Tample TV 70500						
	<u> </u>	Temple, TX 76508			Ĺ			
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Radiologist			Baylor Scott & White				

	MONEI	IONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instru	ction Guide explains how to com	plete this form	ı.	1	Total pages Schedule A1: Sch: 29/49 Rpt: 32/77	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 04/24/2025	 Full name of contributor out-of-Murchison M.D., James (Dr.) Contributor address; City; State; Zip Contributor address; City; State 	state PAC (ID#: ode		7	Amount of Contribution (\$)	\$80.00
		Temple, TX 76508	1-				
8	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White)		
	Date 05/07/2025	Niehus, Joe (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$300.00
	Dringing con	Sherman, TX 75090-5243		Employer (Co.) Instructions			
	Radiologist	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/07/2025	Full name of contributor out-of-Oliver M.D., Qian (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104-3146					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 02/20/2025	Full name of contributor out-of- Orsi M.D., Michael (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup	
	Date 04/24/2025	Full name of contributor out-of- Page, Leland Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Medical & Radiation Phy		es Inc	
			'				

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 30/49 Rpt: 33/77		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Texas Radio	logical Society PAC				00056103		
4	Date 05/07/2025	5 Full name of contributor Page M.D., Christine (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$198.00	
		Dallas, TX 75229-3806						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
-	Radiologist	,		Radiology Associates of		orth Texas		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)		
	05/07/2025	Pak M.D., James P. (Dr.) Contributor address; City; Sta				Amount of Contribution (4)	\$201.00	
		Fort Worth, TX 76104						
	Principal occupation / Job title (See Instructions)			Employer (See Instructions	s)			
	Radiologist			Radiology Associates of	f No	orth Texas		
	Date 02/20/2025	Full name of contributor Pallan M.D., Pablo (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$250.00	
		San Antonio, TX 78256-16	66					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>			
	Radiologist			South Texas Radiology	Gro	oup		
	Date 05/07/2025	Full name of contributor Papasozomenos M.D., Ha Contributor address; City; Sta Houston, TX 76104-3146			•	Amount of Contribution (\$)	\$300.00	
		pation / Job title (See Instructions)		Employer (See Instructions				
	Radiologist			Radiology Associates of	I NO	orth Texas		
	Date 04/24/2025	Full name of contributor Parikh M.D., Jay (Dr.) Contributor address; City; Sta Houston, TX 77030	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
		pation / Job title (See Instructions)		Employer (See Instructions				
	Radiologist			UT MD Anderson Cente	er			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				E A1	
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 31/49 Rpt: 34/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			L	00056103	
4	Date 05/07/2025	 Full name of contributor ut-of-state PAC (ID# Patel, Pulin (Dr.) Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104-3146					
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions RANT	5)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID# Patel M.D., Dipan (Dr.) Contributor address; City; State; Zip Code	t:)		Amount of Contribution (\$)	\$1,000.00
		Shavano Park, TX 78230-5641					
	Principal occupation / Job title (See Instructions) Radiologist			Employer (See Instructions South Texas Radiology		nun	
			<u> </u>	South Texas Radiology			
	05/07/2025	Full name of contributor	r:			Amount of Contribution (\$)	\$261.00
		Fort Worth, TX 76104-3146					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	5)		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Pettibon, Keith (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104	<i>t</i> :)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiology	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Phelps, Charles (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146	#:			Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 32/49 Rpt: 35/77		
2	FILER NAME				1	Filer ID (Ethics Commission	n Filers)	
	Texas Radio	logical Society PAC				00056103		
4	Date 05/07/2025	5 Full name of contributor Phelps M.D., David (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$225.00	
		Fort Worth, TX 76132-448	31					
8	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	<u>I </u>			
	Radiologist			Radiology Associates of		orth Texas		
	Date 04/24/2025	Full name of contributor Phillip M.D., Joseph (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$100.00	
		Temple, TX 76508-0001						
	Principal occupation / Job title (See Instructions)			Employer (See Instructions	5)			
	Radiologist			Baylor Scott & White				
	Date 05/07/2025	Full name of contributor Pilat M.D., Martin (Dr.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$300.00	
		Southlake, TX 76092						
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Radiologist			Radiology Associates of	f No	orth Texas		
	Date 05/07/2025	Full name of contributor Pinho M.D., Daniella (Dr.) Contributor address; City; St Fort Worth, TX 76104	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$300.00	
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates of	•	arth Toyos		
				Radiology Associates of	_			
	Date 05/07/2025	Full name of contributor Poe M.D., Gregory (Dr.) Contributor address; City; St Fort Worth, TX 76104	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$300.00	
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)			
	Radiologist			Radiology Associates of	f No	orth Texas		

	MONEI	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1 Total pages Schedule A1: Sch: 33/49 Rpt: 36/77	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/07/2025	5 Full name of contributor Pond M.D., Jason (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$300.00
		Dallas, TX 75390				
8		pation / Job title (See Instructions	9	Employer (See Instructions		
	Radiologist			Radiology Associates of	f North Texas	
	Date 04/24/2025	Full name of contributor Pong, Dan Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$250.00
		Austin, TX 78703				
	Principal occupation / Job title (See Instructions)			Employer (See Instructions	5)	
	Radiologist			Austin Radiological Asse	ociation	
	Date 05/07/2025	Full name of contributor Prater M.D., Adam (Dr.) Contributor address; City; St	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)	
	Radiologist			Radiology Associates of	f North Texas	
	Date 05/07/2025	Full name of contributor Prokell M.D., Peter (Dr.) Contributor address; City; St Aledo, TX 76008-5817	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$300.00
		pation / Job title (See Instructions	(3)	Employer (See Instructions		
	Radiologist			Radiology Associates of	f North Texas	
	Date 05/07/2025	Full name of contributor Pudu M.D., Sridhar (Dr.) Contributor address; City; St			Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	; ;)	
	Radiologist			Radiology Associates of	f North Texas	

	MONEI	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this forr	n.	ı	Total pages Schedule A1: Sch: 34/49 Rpt: 37/77	
2	FILER NAME				ı	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			_ '	00056103	
4	Date 05/07/2025	 Full name of contributor Putegnat M.D., Burton (Dr.) Contributor address; City; State 	out-of-state PAC (ID#: e; Zip Code)	7 /	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76109					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Radiologist			Radiology Associates of	f Noi	th Texas	
	Date 05/07/2025	Full name of contributor Quadeer M.D., Rahman (Dr Contributor address; City; State				Amount of Contribution (\$)	\$300.00
		Southlake, TX 76092					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			Radiology Associates of	f Noı	th Texas	
	Date 05/07/2025	Full name of contributor Queralt M.D., John (Dr.) Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		<i>'</i>	Amount of Contribution (\$)	\$225.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Radiologist			Radiology Associates of	f Noi	th Texas	
	Date 05/07/2025	Full name of contributor Qureshi, Jawad (Dr.) Contributor address; City; State Fort Worth, TX 76104-3146	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	s)		
	Date 05/07/2025	Full name of contributor Ramirez, Justin (Dr.) Contributor address; City; State Fort Worth, TX 76104-3146	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	s)		

	MONEI	ARY POLITICAL CONTRIBUTION)N:	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orn	n.	1	Total pages Schedule A1: Sch: 35/49 Rpt: 38/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/07/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$300.00
_	Deinsing Loss	Fort Worth, TX 76104	la.	Frankrije (Cool hostrustiere			
8		pation / Job title (See Instructions)		Employer (See Instructions		orth Toyac	
	Radiology		<u> </u>	Radiology Associates of	1/10		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Reeb, Jr. M.D., Robert J. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$225.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	No	orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Reese M.D., William G. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Radiologist			Radiology Associates of	No	orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_Reilly M.D., Conor (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Reuter, Robert (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
		·					

	MONET	Ά	RY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	cti	on Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 36/49 Rpt: 39/77	
2	FILER NAME	lor	gical Society PAC		3	Filer ID (Ethics Commission 00056103	n Filers)
_					ļ_		
4	Date 05/07/2025	ļ	Riepe M.D., David (Dr.)		ľ	Amount of Contribution (\$)	\$300.00
		6	Contributor address; City; State; Zip Code				
			Fort Worth, TX 76104				
8	Principal occu Radiologist	ıpa	tion / Job title (See Instructions)	Employer (See Instructions Radiology Associates o		orth Texas	
	Date		Full name of contributor ut-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	04/24/2025		Roberts M.D., Sidney (Dr.)				\$50.00
		ļ	Contributor address; City; State; Zip Code				
			Lufkin, TX 75904				
	Principal occu	pa	tion / Job title (See Instructions)	Employer (See Instructions	5)		
	Radiologist			Arthur Temple Cancer (Cer	nter	
	Date		Full name of contributor ut-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	05/07/2025	<u> </u>	Sacks, Justin (Dr.)				\$300.00
			Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146				
	Principal occu	ıpa	tion / Job title (See Instructions)	Employer (See Instructions	5)		
	Radiologist			RANT			
	Date		Full name of contributor ut-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	04/24/2025		Saleem, Arsalan (Dr.)				\$500.00
			Contributor address; City; State; Zip Code				
			Galveston, TX 77550				
	Principal occu	ıpa	tion / Job title (See Instructions)	Employer (See Instructions	5)		
	Radiologist			UTMB			
	Date	Γ	Full name of contributor uut-of-state PAC (ID)#:)		Amount of Contribution (\$)	
	05/07/2025		Sanchez, Robert (Dr.)				\$225.00
			Contributor address; City; State; Zip Code				
			Fort Worth, TX 76104				
		ıpa	tion / Job title (See Instructions)	Employer (See Instructions			
	Radiologist			Radiology Associates o	f N	orth Texas	

	MONEI	ARY POLITICAL CONTRIBU	JIION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 37/49 Rpt: 40/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 02/20/2025	 5 Full name of contributor	.C (ID#:)	7	Amount of Contribution (\$)	\$500.00
		Humble, TX 77346					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Radiologist			South Texas Radiology	gro	up, PA	
	Date 05/07/2025	Full name of contributor out-of-state PA Schmidt, Susan (Dr.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104	_				
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	s)		
	Date 05/07/2025	Full name of contributor	(ID#:			Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76109-4632					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f No	orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PA Schoppe M.D., Kurt (Dr.) Contributor address; City; State; Zip Code Grapevine, TX 76051-1104	C (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Toyas	
					1 1 1 1		
	Date 05/07/2025	Full name of contributor	.C (ID#:)		Amount of Contribution (\$)	\$225.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Radiologist			Radiology Associates of	f No	orth Texas	

	MONEI	ARY POLITICAL CONTI	RIBUTION	S	SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this forr	m.	1 Total pages Schedule A1: Sch: 38/49 Rpt: 41/77	
2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC			00056103	
4	Date 05/07/2025	 Full name of contributor out-of- Schultz M.D., Joseph (Dr.) Contributor address; City; State; Zip Contributor 	state PAC (ID#:)	7 Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)	
	Radiologist	,		Radiology Associates of		
	Date	Full name of contributor out-of-	state PAC (ID#:		Amount of Contribution (\$)	
	05/07/2025	Schultz M.D., Steven (Dr.) Contributor address; City; State; Zip Co)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76109				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist			Radiology Associates of	North Texas	
	Date 05/07/2025	Full name of contributor out-of- Sensarma M.D., Anirban (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#:)	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist			Radiology Associates of	North Texas, PA	
	Date 05/07/2025	Full name of contributor out-of-Shahin M.D., Islam (Dr.) Contributor address; City; State; Zip Co	otate PAC (ID#:)	Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions		
	Radiologist			Radiology Associates of	North Texas, PA	
	Date 05/07/2025	Full name of contributor out-of- Sharatz M.D., Steven (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#:		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Radiologist			Radiology Associates of	North Texas	

	MONEI	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 39/49 Rpt: 42/77
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Texas Radio	logical Society PAC		00056103
4	Date 05/07/2025	 Full name of contributor out-of-state PAC (ID#:_ Short M.D., Kevin (Dr.) Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$300.00
		Fort Worth, TX 76104		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	Radiologist		Radiology Associates of	f North Texas
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:Silva III M.D., Ezequiel (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78212-2303		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Radiologist		South Texas Radiology	Group, PA
	Date 05/07/2025	Full name of contributor)	Amount of Contribution (\$) \$300.00
		Fort Worth, TX 76104		
		pation / Job title (See Instructions)	Employer (See Instructions	
	Radiologist		Radiology Associates of	f North Texas
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID#:_Sincleair M.D., Spencer (Dr.) Contributor address; City; State; Zip Code Salado, TX 76571-5126)	Amount of Contribution (\$) \$100.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Baylor Scott and White	s)
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_Singh, Digvijay (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104-3146		Amount of Contribution (\$) \$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions RANT	· s)

	MONEI	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: 40/49 Rpt: 43/77	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/07/2025	 Full name of contributor out-of-state PAC (ID# Singh, Kanwar (Dr.) Contributor address; City; State; Zip Code 	:)	7	Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104-3146					
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions RANT	s) 		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Singh M.D., Ramandeep (Dr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104-3146	_				
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Smith, Scott (Dr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104					
	Principal occu	pation / Job title (See Instructions)	Τ	Employer (See Instructions	5)		
	Radiologist			Radiology Associates of	f N	orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Sory M.D., William (Dr.) Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$225.00
	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)	_	Employer (See Instructions	·,		
	Radiologist	ballott / 300 title (See instructions)		Radiology Associates of		orth Texas	
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID# Spence M.D., Susanna (Dr.) Contributor address; City; State; Zip Code Southlake, TX 76092	:)		Amount of Contribution (\$)	\$500.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions UT Health Science Cen			

	MONEI	DNETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 41/49 Rpt: 44/77	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 05/07/2025	 Full name of contributor ut-of-si Spindle, Preston (Dr.) Contributor address; City; State; Zip Contributor city city; State; Zip Contributor city; State; Zip Contributor city city city; State; Zip Contributor city city	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$300.00
•	Principal occu	Denison, TX 75020 pation / Job title (See Instructions)	lo l	Employer (See Instructions			
0	Radiologist	Jacon / Job title (See Instructions)	9	Employer (See Instructions RANT)		
	Date 05/07/2025	Starkey M.D., Kelly (Dr.) Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Delevieral	Fort Worth, TX 76104-3146		Formula van (On a landavadi an			
	Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 04/24/2025	Full name of contributor out-of-si Strax, Richard (Dr.) Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77024					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Baylor College of Medici	•		
	Date 04/24/2025	Full name of contributor out-of-si Suri M.D., Rajeev (Dr.) Contributor address; City; State; Zip Contrib	tate PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions UT Health Science Cent			
	Date 04/24/2025	Full name of contributor out-of-si Thomas M.D., John W. (Dr.) Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions South Texas Radiology		oup	
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	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 42/49 Rpt: 45/77	
2	FILER NAME Texas Radio	ological Society PAC			3	Filer ID (Ethics Commission 00056103	on Filers)
4	Date 04/24/2025	 5 Full name of contributor out-of-state PAC (ID# Tibbetts M.D., Todd A. (Dr.) 6 Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$1,000.00
_	Deinsinal assu	Fort Worth, TX 76104	٦,	Franksian (Cas Instructions			
8	Principal occu Radiologist	pation / Job title (See Instructions)	9	Employer (See Instructions South Texas Radiology		oup	
	Date 05/07/2025	Full name of contributor uut-of-state PAC (ID# Tindall, Bronson (Dr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$225.00
	Dringinal acqu	Fort Worth, TX 76104-3146	_	Employer (See Instructions			
	Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT)		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Toliyat, Mohammad (Dr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$300.00
		Fort Worth, TX 76104-3146					
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT)		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Trapnell M.D., Kristen (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76126-1931	#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		orth Texas	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID# Trippe, Douglas (Dr.) Contributor address; City; State; Zip Code Texarkana, TX 75503-1140	#:			Amount of Contribution (\$)	\$210.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT)		
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	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 43/49 Rpt: 46/77	
2	FILER NAME				1	Filer ID (Ethics Commission	n Filers)
	Texas Radio	logical Society PAC				00056103	
4	Date 04/24/2025	5 Full name of contributorVenkatesan M.D., Aradha6 Contributor address; City; St			7	Amount of Contribution (\$)	\$50.00
		Houston, TX 77025					
8	Principal occu	pation / Job title (See Instructions	s) g	Employer (See Instructions	s)		
	Radiologist			UT MD Anderson Cance	er C	enter	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/07/2025	Wachsmann, Jason (Dr.)	out of state 1 AC (ID#			randant or Contribution (4)	\$300.00
	00/01/2020	Contributor address; City; St	ate; Zip Code				4000.00
		Fort Worth, TX 76104-314	16				
	Dringinal accu	pation / Job title (See Instructions		Employer (See Instructions	c) 		
	Radiologist	pation / Job title (See Instituctions	,	RANT	3)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Wajid, Haq (Dr.)					\$300.00
		Contributor address; City; St					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u>l</u> s)		
	Radiologist	patient, see the (eee mendelene	,	RANT	٠,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	05/07/2025	Walker, Roger (Dr.) Contributor address; City; St				Amount of Contabution (4)	\$180.00
	Drive in all accord	Fort Worth, TX 76104	<u> </u>	Frankria (Cas Instructions	<u>-,</u>		
	Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions Radiology Associates of	•	orth Texas	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Walkiewicz M.D., Thomas	s (Dr.)				\$300.00
		Contributor address; City; St Dallas, TX 75248-2241	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Radiologist			RANT			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	orm	ı.	1	Total pages Schedule A1: Sch: 44/49 Rpt: 47/77	
2	FILER NAME	blogical Society PAC			3	Filer ID (Ethics Commission 00056103	n Filers)
_		· · · · · · · · · · · · · · · · · · ·			Ļ		
4	Date 05/07/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$300.00
		Continuator address, City, State, Zip Code					
		Fort Worth, TX 76104					
8	Principal occu Radiologist	upation / Job title (See Instructions)		Employer (See Instructions RANT	i)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Watson , Blake (Dr.)		,		(,,	\$300.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76104					
	Principal occu	upation / Job title (See Instructions)	E	Employer (See Instructions	<u> </u>		
	Radiologist		F	Radiology Associates of	N	orth Texas	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Watts M.D., David (Dr.)					\$300.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76132-4465					
	Principal occu	upation / Job title (See Instructions)	E	Employer (See Instructions	<u> </u>		
	Radiologist		F	Radiology Associates of	N	orth Texas	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/24/2025	Weatherall M.D., Paul (Dr.)					\$600.00
		Contributor address; City; State; Zip Code					
		Dallas, TX 75230					
	Principal occu	upation / Job title (See Instructions)	E	Employer (See Instructions	5)		
	Radiologist		l	UT Southwestern			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/07/2025	Webb, Nathan (Dr.)					\$300.00
		Contributor address; City; State; Zip Code					
		Fort Worth, TX 76104-3146			Ĺ		
	Principal occu Radiologist	upation / Job title (See Instructions)		Employer (See Instructions RANT	;)		
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	MONET	ARY POLITICAL CONTRIBUTION	SCHE	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A Sch: 45/49 Rpt: 48/7		
2	FILER NAME	ological Society PAC		3 Filer ID (Ethics Comr 00056103	nission Filers)	
4	Date 05/07/2025	Full name of contributor		7 Amount of Contribution	\$300.00	
0	Dringing ogg	Fort Worth, TX 76104	Employer (See Instructional)	no)		
8	Radiologist	ipation / Job title (See Instructions)	9 Employer (See Instructions RANT	ns)		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Weissmann, Robert (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution	(\$) \$300.00	
	Deinainal agai	Fort Worth, TX 76104	Franks von (Cook kooks votions	100		
	Radiologist	ipation / Job title (See Instructions)	Employer (See Instructions RANT	ns)		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Wenzel M.D., Jeffrey S. (Dr.) Contributor address; City; State; Zip Code		Amount of Contribution	(\$) \$300.00	
		Dallas, TX 75254-9112				
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates o	· ·		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Wheeler, Paul (Dr.) Contributor address; City; State; Zip Code Sherman, TX 75091-0340		Amount of Contribution	\$300.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Radiologist		RANT			
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#: White M.D., Kenneth (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104)	Amount of Contribution	\$300.00	
	Principal occu Radiologist	pation / Job title (See Instructions)	Employer (See Instructions Radiology Associates o			
		Fort Worth, TX 76104 upation / Job title (See Instructions)				

	MONEI	ARY POLITICAL CON	NIRIBUTION	S		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 46/49 Rpt: 49/77			
2	FILER NAME Texas Radiological Society PAC			Filer ID (Ethics Commission 00056103	n Filers)		
4	Date 05/07/2025	Whitlow M.D., Warren (Dr.) 6 Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$225.00
8	Principal occu Radiologist	Dallas, TX 75231 pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		rth Texas	
	Date 05/07/2025	Williams, Vernon (Dr.) Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions RANT	<u>(</u>		
	Date 05/07/2025	Full name of contributor	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu	Fort Worth, TX 76104 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Radiologist	patient, cop the (eee mendedens)		Radiology Associates of		rth Texas	
	Date 05/07/2025	Full name of contributor of Williams M.D., Jonathan (Dr.) Contributor address; City; State; Z Fort Worth, TX 76104-3146	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		rth Texas	
	Date Full name of contributor out-of-state PAC (ID#:) 05/07/2025 Willig M.D., Donald (Dr.) Contributor address; City; State; Zip Code Waxahachie, TX 75165-3333			Amount of Contribution (\$)	\$300.00		
	Principal occu Radiologist	pation / Job title (See Instructions)		Employer (See Instructions Radiology Associates of		rth Texas	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	l	I pages Schedule A1: : 47/49 Rpt: 50/77	
2	FILER NAME		3 Filer	ID (Ethics Commission	n Filers)		
	Texas Radiological Society PAC		000	56103			
4	Date 05/07/2025	5 Full name of contributor Wilson M.D., Benjamin (D6 Contributor address; City; St	·)	7 Amo	unt of Contribution (\$)	\$300.00
		Fort Worth, TX 76104					
8	Principal occu	I pation / Job title (See Instructions	s) 9	Employer (See Instructions	<u>l </u>		
	Radiologist	(,	Radiology Associates of		Гехаѕ	
	Date	Full name of contributor	D out of state DAC (ID#)	\			
	05/07/2025	Wise M.D., David (Dr.) Contributor address; City; St	out-of-state PAC (ID#:		AIIIO	unt of Contribution (\$)	\$300.00
		Grapevine, TX 76051					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
Radiologist Radiology Associates		Radiology Associates of	f North 7	Гехаs			
	Date Full name of contributor out-of-state PAC (ID#:) 02/20/2025 Wood M.D., David (Dr.) Contributor address; City; State; Zip Code		Amo	unt of Contribution (\$)	\$200.00		
		Fair Oaks Ranch, TX 780	15-4755				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Radiologist			South Texas Radiology	Group		
	Date Full name of contributor out-of-state PAC (ID#:) 05/07/2025 Wortley M.D., Phillip (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75209-6011		Amo	unt of Contribution (\$)	\$300.00		
		pation / Job title (See Instructions	5)	Employer (See Instructions Radiology Associates of		Toyon	
	Radiologist			Radiology Associates of			
	Date Full name of contributor out-of-state PAC (ID#:) 05/07/2025 Yaquinto M.D., James J. (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76104		Amo	unt of Contribution (\$)	\$300.00		
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Radiologist			Radiology Associates of	f North	Гехаѕ	

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	otal pages Schedule A1: ch: 48/49 Rpt: 51/77	
2	FILER NAME		1	ler ID (Ethics Commission	n Filers)		
	Texas Radio	logical Society PAC				0056103	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Voo, John (Dr.) 6 Contributor address; City; State; Zip Code		7 Ar	nount of Contribution (\$)	\$300.00		
		Fort Worth, TX 76104-31					
8	Principal occu Radiologist	pation / Job title (See Instructions	9	Employer (See Instructions RANT	s)		
	Date 05/07/2025	Full name of contributor Yount M.D., Mitchell (Dr.) Contributor address; City; S			Ar	mount of Contribution (\$)	\$300.00
		Plano, TX 75094-3859			<u> </u>		
	Principal occupation / Job title (See Instructions) Radiologist Employer (See Instructions) Radiology Associates of			n Texas			
	Date Full name of contributor out-of-state PAC (ID#:) 02/20/2025 Ziemke, William (Dr.) Contributor address; City; State; Zip Code		Ar	mount of Contribution (\$)	\$500.00		
		San Antonio, TX 78229-0	441				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Radiologist			South Texas Radiology	Group	ס	
	Date Full name of contributor out-of-state PAC (ID#:) 02/20/2025 Zink M.D., Walter (Dr.) Contributor address; City; State; Zip Code		Ar	mount of Contribution (\$)	\$500.00		
	Principal occu	San Antonio, TX 78229 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Radiologist			South Texas Radiology	•	o, PA	
	Date Full name of contributor out-of-state PAC (ID#:) 05/07/2025 Zonozy M.D., Auzhaund (Dr.) Contributor address; City; State; Zip Code		Ar	mount of Contribution (\$)	\$300.00		
		Irving, TX 75063-3534					
	Principal occu Radiologist	pation / Job title (See Instructions	5)	Employer (See Instructions Radiology Associates o		ı TX	

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 49/49 Rpt: 52/77
2	FILER NAME Texas Radiological Society PAC	3 Filer ID (Ethics Commission Filers) 00056103
4	Date 04/24/2025 5 Full name of contributor out-of-state PAC (ID#:) Zurick, Vernon (Dr.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$100.0
	Lakeway, TX 78734	
8	Principal occupation / Job title (See Instructions) Radiologist 9 Employer (See Instruction Lucerne Radiology	ons)
	Date Full name of contributor out-of-state PAC (ID#:) 02/20/2025 liaw, Stephen (Dr.)	Amount of Contribution (\$) \$1,000.0
	Contributor address; City; State; Zip Code San Antonio, TX 78230	
	Principal occupation / Job title (See Instructions) Radiologist Employer (See Instructions) South Texas Radiological	

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 comple	te this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 1/20 Rpt: 53/77	Texas Radiological Society PAC	00056103
4 Date 03/26/2025	5 Payee nameALC Steakhouse	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$530.39	1205 N Lamar Blvd	
Expenditure from corporate funds	Austin, TX 78703	
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		dinner, legislative fellowship day at the capitol
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
01/15/2025	Allman & Associates, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$103.41	600 Great Hills Trail, Suite 150W	
Expenditure from		
corporate funds	Austin, TX 78757	
PURPOSE OF	(Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		1099 preparation
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
02/12/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$32.23	325 9 th Ave. N	
Expenditure from		
corporate funds	seattle, WA 98109	
PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting supplies
		200
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) Event Expense

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

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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 2/20 Rpt: 54/77	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	•
01/10/2025	Driggers, Amie	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$45.00	12840 W Auckland St	
Expenditure from corporate funds	Meridian, ID 83642	
8 PURPOSE OF	, , ,	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Administration
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		Since field
Data	Davisa sama	
Date 01/24/2025	Payee name	
	Driggers, Amie	
Amount (\$)	Payee address; City; State; Zip Coo	le .
\$367.50	12840 W Auckland St	
Expenditure from corporate funds	Meridian, ID 83642	
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.
LAFLINDITURE		Check if Austin, TX, officeholder living expense
		Administration
0 1. 6		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
p = 1 = 3 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5		
Date	Payee name	
02/07/2025	Driggers, Amie	
Amount (\$)	Payee address; City; State; Zip Coo	le
\$154.50	12840 W Auckland St	
Formani de la Ca		
Expenditure from corporate funds	Meridian, ID 83642	
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.
EVENDIIOKE	-	Check if Austin, TX, officeholder living expense
		Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experience to beliefft G/OI	•	

SCHEDULE F1

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

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

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: 3/20 Rpt: 55/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
02/21/2025	Driggers, Amie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$270.00	12840 W Auckland St
- "	
Expenditure from corporate funds	Meridian, ID 83642
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
	Administration
	, tarimios attori
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
03/07/2025	Payee name Driggers Amin
	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$90.00	12840 W Auckland St
Expenditure from	
corporate funds	Meridian, ID 83642
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 Administration
	Authinistration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date 03/21/2025	Payee name
	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$240.00	12840 W Auckland St
Expenditure from	
corporate funds	Meridian, ID 83642
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 Administration
	Autililistiation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al 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: 4/20 Rpt: 56/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
04/04/2025	Driggers, Amie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$240.00	12840 W Auckland St
Expenditure from	
corporate funds	Meridian, ID 83642
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Administration
	Administration
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
04/18/2025	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	12840 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
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 TV, officeholder living purposes
	Check if Austin, TX, officeholder living expense Administration
	Administration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/02/2025	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$82.50	12840 W Auckland St
Ψ02.50	12040 W Adentalia St
Expenditure from corporate funds	Meridian, ID 83642
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Administration
Commission ON II V 15 diameter	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
•	

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

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: 5/20 Rpt: 57/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
05/16/2025	Driggers, Amie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$255.00	12840 W Auckland St
- "	
Expenditure from corporate funds	Meridian, ID 83642
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
	Administration
	, tarimios attori
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
05/30/2025	Payee name Driggers Amin
	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$90.00	12840 W Auckland St
Expenditure from	
corporate funds	Meridian, ID 83642
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 Administration
	Authinistration
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date 06/13/2025	Payee name
	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$133.50	12840 W Auckland St
Expenditure from	
corporate funds	Meridian, ID 83642
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 Administration
	Autilitistiation
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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
1 Total pages Schedule F1: Sch: 6/20 Rpt: 58/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
06/27/2025	Driggers, Amie
6 Amount (\$) \$37.50	7 Payee address; City; State; Zip Code 12840 W Auckland St
Ψ31.30	12040 W Addition of
Expenditure from corporate funds	Meridian, ID 83642
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Administration
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/10/2025	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$3.89	12840 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
	a syron oxponosor tarios
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/24/2025	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$31.79	12840 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
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.
EAFEINDITURE	Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

Fees (Office) Fe

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/20 Rpt: 59/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
02/07/2025	Driggers, Amie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.36	12840 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
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 expenses: taxes
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/21/2025	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$23.36	12840 W Auckland St
Φ23.30	12040 W Auckland St
Expenditure from	
corporate funds	Meridian, ID 83642
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payroll expenses: taxes
	T dyfoli experises. taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/07/2025	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$7.78	12840 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
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 expenses: taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 8/20 Rpt: 60/77	Texas Radiological Society PAC	00056103		
4 Date	5 Payee name			
03/21/2025	Driggers, Amie			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$20.76	12840 W Auckland St			
Expenditure from				
corporate funds	Meridian, ID 83642			
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 expenses: taxes		
		•		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI	1			
Date	Payee name			
04/04/2025	Driggers, Amie			
Amount (\$)	Payee address; City; State; Zip Code			
\$20.76	12840 W Auckland St			
Expenditure from corporate funds	Meridian, ID 83642			
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 expenses: taxes		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/O	1			
Date	Payee name			
04/18/2025	Driggers, Amie			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.60	12840 W Auckland St			
Expenditure from				
corporate funds	Meridian, ID 83642			
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 expenses: taxes		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OH				

SCHEDULE F1

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

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

Candidate/Officenolder/Politica 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: 9/20 Rpt: 61/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
05/02/2025	Driggers, Amie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.13	12840 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/16/2025	Driggers, Amie
Amount (\$) \$22.06	Payee address; City; State; Zip Code 12840 W Auckland St
Φ22.00	12040 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
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 expenses: taxes
	r dyron expenses. taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date 05/30/2025	Payee name
	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$7.79	12840 W Auckland St
Expenditure from	
corporate funds	Meridian, ID 83642
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 expenses: taxes
	r dyron expenses. 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 Candidate/Officeholder/Political Committee

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/20 Rpt: 62/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
06/13/2025	Driggers, Amie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.54	12840 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
8 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 expenses: taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
06/27/2025	Driggers, Amie
Amount (\$)	Payee address; City; State; Zip Code
\$3.23	12840 W Auckland St
Expenditure from corporate funds	Meridian, ID 83642
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payroll expenses: taxes
	Tayron expenses. taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/22/2025	Employers Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$216.28	P.O. Box 539003
Ψ210.20	1.0. Box 303300
Expenditure from corporate funds	Henderson, NV 89053
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 Workers Comp Insurance
	workers comp insurance
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 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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 63/77	Texas Radiological Society PAC 00056103
4	Date	5 Payee name
	03/27/2025	Hyatt Tommie Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$423.91	506 San Jacinto Blvd
	Expenditure from corporate funds	Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		travel expenses for legislative fellowship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٩	expenditure to benefit C/OF	
	Date	Payee name
	03/27/2025	Hyatt Tommie Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$423.91	506 San Jacinto Blvd
	Expenditure from corporate funds	Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense travel expenses for legislative fellowship
		tiavel expenses for legislative fellowship
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2025	Imperium Public Affairs
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.88	PO Box 13382
	- Companyity was finance	
L	Expenditure from corporate funds	austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense monthly expenses
		monary expenses
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
l		

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

orean early ayment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/20 Rpt: 64/77	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	
02/07/2025	Imperium Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$367.47	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
		monthly expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	Н	
Date	Payee name	
03/04/2025	Imperium Public Affairs	
Amount (\$)	Payee address; City; State; Zip C	Code
\$823.83	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 monthly expenses
		monuny expenses
Complete ONLY if direct	Candidate/Officeholder name Office so	Upught Office held
expenditure to benefit C/O		
Date	Payee name	
04/04/2025	Imperium Public Affairs	
Amount (\$)	Payee address; City; State; Zip C	Code
\$442.04	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.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		monthly expenses
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		Onice Held

SCHEDULE F1

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 comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/20 Rpt: 65/77	Texas Radiological Society PAC	00056103
4 Date	5 Payee name	·
05/09/2025	Imperium Public Affairs	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$964.98	PO Box 13382	
- Evpanditura from		
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.
E/11 E1191. C.1.		Check if Austin, TX, officeholder living expense monthly expenses
		monuny expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Cinice field
Date	Davisa sama	
06/06/2025	Payee name Imperium Public Affairs	
	·	
Amount (\$)	Payee address; City; State; Zip Code	
\$608.09	PO Box 13382	
Expenditure from		
corporate funds	austin, TX 78711	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description Check if travel outside of Touce, Complete Schoolule T
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		monthly expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
01/31/2025	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$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	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Federal Tax
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experientare to benefit Great		

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

Candidate/Officeholder/Politica 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: 14/20 Rpt: 66/77	Texas Radiological Society PAC 00056103	
4 Date	5 Payee name	_
03/31/2025	Internal Revenue Service	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.01	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Federal Tax	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	=
04/30/2025	Internal Revenue Service	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Federal Tax	
		_
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	
06/30/2025	Internal Revenue Service	
Amount (\$)	Payee address; City; State; Zip Code	
\$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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORL	Check if Austin, TX, officeholder living expense	
	Federal Tax	
Complete CAU V & dia+	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

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

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: 15/20 Rpt: 67/77	Texas Radiological Society PAC 00056103		
4 Date	5 Payee name		
01/03/2025	Intuit		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$184.41	2632 Marine Way		
Expenditure from corporate funds	Mountain View, CA 94043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Quickbooks Subscription		
	Quickbooks Subscription		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
Date	Payee name		
02/03/2025	Intuit		
Amount (\$)	Payee address; City; State; Zip Code		
\$178.02	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 Quickbooks Subscription		
	Quickbooks Subscription		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
D-4-			
Date	Payee name		
03/03/2025	Intuit		
Amount (\$)	Payee address; City; State; Zip Code		
\$178.02	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		
	Quickbooks Subscription		
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 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 co	mplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 16/20 Rpt: 68/77	Texas Radiological Society PAC			00056103	
4 Date	5 Payee name				
04/03/2025	Intuit				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$178.02	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) Desci	ription		
OF EXPENDITURE	Accounting/Banking		neck if travel outsic	de of Texas. Com	plete Schedule T.
EXPENDITORE		. —	neck if Austin, TX,		g expense
		Quici	kbooks Sub	scription	
O Complete ONLY if direct	Candidate/Officeholder name Office sou	l abt		Office he	- Id
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		igni		Office file	eiu
	Г				
Date	Payee name				
05/05/2025	Intuit				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$178.02	2632 Marine Way				
Expenditure from					
corporate funds	Mountain View, CA 94043				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desci			
EXPENDITURE	Accounting/Banking		neck if travel outsion neck if Austin, TX,		
			kbooks Sub		у схропос
				•	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>		Office he	eld
expenditure to benefit C/O	-1				
Date	Payee name				
06/03/2025	Intuit				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$178.02	2632 Marine Way				
Expenditure from corporate funds	Mountain View, CA 94043				
PURPOSE		(b) Desci	rintion		
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		neck if travel outsic	de of Texas. Com	plete Schedule T.
EXPENDITURE	, tooodinang, Barmang	☐ Ch	neck if Austin, TX,	officeholder living	g expense
		Quicl	kbooks Sub	scription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght		Office he	eld
experientale to beliefft C/O	· 				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula Edu	,
1 Total pages Schedule F1:	
Sch: 17/20 Rpt: 69/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
04/10/2025	Namireddy M.D., Meera
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$351.57	7010 Staffordshire, Apt 225
Expenditure from	Houston TV 77020
corporate funds	Houston, TX 77030
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	travel expenses for legislative fellowship
	thaver expenses for registative renowship
O Complete ONLY if allow	Condidate/Officeholder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2 2 2 2 2 2 2 2 2 2	
Date	Payee name
01/24/2025	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$69.26	201 Springtown Way
Expenditure from corporate funds	San Marcos, TX 78666
•	
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 supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-1-	
Date	Payee name
01/23/2025	Office Max
Amount (\$)	Payee address; City; State; Zip Code
\$57.86	8551 W Franklin Rd
Funonditure from	
Expenditure from corporate funds	Boise, TX 83709
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Printing supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

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

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

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: 18/20 Rpt: 70/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
02/18/2025	Schlotzsky's Deli
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$787.65	2545 W Anderson Ln. Ste 202
Expenditure from corporate funds	austin, TX 78757
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	lunch, legislative fellowship day at the capitol
	iditori, regionalite former in day at the expiter
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/02/2025	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fees
	Ballin 1 666
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/03/2025	Wells Fargo Bank N.A.
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	PO Box 2019
¥=0.00	. 6 26/. 2020
Expenditure from corporate funds	Austin, TX 78768
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 Bank Fees
	Dank rees
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 19/20 Rpt: 71/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
03/03/2025	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
	Ballit 666
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
04/02/2025	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) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fees
	Ballit 666
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
05/02/2025	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 OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fees
	Built 1 665
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

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: 20/20 Rpt: 72/77	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
06/02/2025	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fees
	Dank i ees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	the state of the s
Date	Payee name
04/10/2025	gonzalez M.D., Emily
Amount (\$)	Payee address; City; State; Zip Code
\$452.50	5617 Lindell Ave, Apartment 4
Expenditure from corporate funds	Dallas, TX 75206
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	X Check if Austin, TX, officeholder living expense
	travel expenses for legislative fellowship
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/05/2025	texas medical association
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	401 W 15th St
Expenditure from corporate funds	austin, TX 78701
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meeting expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE |

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I: Sch: 1/3 Rpt:	2 FILER NAME Texas Radiological Society PAC 3 Filer ID (Ethics Commission Filers) 00056103
4 Date 01/08/2025	5 Payee name Imperium Public Affairs
6 Amount (\$) 7,200.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 13382 austin, TX 78711
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description Iobbyist
Date 02/07/2025	Payee name Imperium Public Affairs
Amount (\$) 7,200.00 Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 13382 austin, TX 78711
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description (See instructions regarding type of information required.) lobbyist
Date 03/04/2025	Payee name Imperium Public Affairs
Amount (\$) 7,200.00 Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 13382 austin, TX 78711
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description (See instructions regarding type of information required.) Iobbyist
Date 04/04/2025	Payee name Imperium Public Affairs
Amount (\$) 7,200.00 Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 13382 austin, TX 78711
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description (See instructions regarding type of information required.) Iobbyist

SCHEDULE I

The Instruction Guide explains how to complete this form.										
Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Texas Radiological Society PAC 3 Filer ID (Ethics Commission Filers) 00056103									
4 Date	5 Payee name									
05/09/2025	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 OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description (See instructions regarding type of information required.) lobbyist									
Date	Payee name									
06/06/2025	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) Description (See instructions regarding type of information required.)									
OF EXPENDITURE	Consulting Expense lobbyist									
LAFENDITORE										
Date	Payee name									
01/15/2025	Strategic Advisers									
Amount (\$)	Payee Address; City; State; Zip									
3,500.00	515 Monmouth St									
Expenditure from										
corporate funds	Newport, KY 41071									
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)									
OF EXPENDITURE	Consulting Expense PR Fees									
Date	Payee name									
02/04/2025	Strategic Advisers									
Amount (\$)	Payee Address; City; State; Zip									
3,500.00	515 Monmouth St									
Expenditure from										
corporate funds	Newport, KY 41071									
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)									
OF EXPENDITURE	Consulting Expense PR Fees									

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: 3/3 Rpt:	Texas Radiological Society PAC 00056103
4 Date	5 Payee name
03/04/2025	Strategic Advisers
6 Amount (\$)	7 Payee Address; City; State; Zip
3,500.00	515 Monmouth St
Expenditure from corporate funds	Newport, KY 41071
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Consulting Expense PR Fees
Date	Payee name
04/04/2025	Strategic Advisers
Amount (\$)	Payee Address; City; State; Zip
3,500.00	515 Monmouth St
Expenditure from	
corporate funds	Newport, KY 41071
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Consulting Expense PR Fees
Date	Payee name
05/09/2025	Strategic Advisers
Amount (\$)	Payee Address; City; State; Zip
3,500.00	515 Monmouth St
Expenditure from	
corporate funds	Newport, KY 41071
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) PR Fees
EXPENDITURE	Consulting Expense PR Fees
Date	Payee name
06/06/2025	Strategic Advisers
Amount (\$)	Payee Address; City; State; Zip
3,500.00	515 Monmouth St
Expenditure from	
corporate funds	Newport, KY 41071
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
EXPENDITURE	Consulting Expense PR Fees
İ	

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

SCHEDULE K

I The Instruction Guide explains how to complete this form.					ages Schedule K: ./2 Rpt: 76/77				
2	2 FILER NAME				3	F	iler ID	(Ethics Commission Fi	lers)
	Texas Radiological Society PAC			0	0056	103			
4	Date 01/31/2025	5 Name of person from whom amount is received WellsFargo Bank				8 Amount (\$)	\$0.05		
	6 Address of person from whom amount is received; City; State; Zip Code								
		Portland, OR 97228							
		7	Purpose for which amount is received	Chec	k if politi	ica	l conti	ribution returned to filer	
			Interest						
	Date		Name of person from whom amount is received					Amount (\$)	
	02/28/2025		WellsFargo Bank						\$0.04
		ļ	Address of person from whom amount is received; City; State; Zip Code	e	••••••]	
			Portland, OR 97228						
			l conti	Iribution returned to filer					
			Interest						
	Date		Name of person from whom amount is received					Amount (\$)	
	03/31/2025		WellsFargo Bank						\$0.05
		ļ	Address of person from whom amount is received; City; State; Zip Code	e		••••		•	
		3.7, 3.4, 2, p. 2000							
			Doubland OD 07220						
		┝	Portland, OR 97228	7 01					
			Purpose for which amount is received Interest	Cnec	к іт роііц	ıca	i conti	ribution returned to filer	
	Data	<u> </u>						Δ (Φ)	
	Date 04/30/2025		Name of person from whom amount is received WellsFargo Bank					Amount (\$)	\$0.05
	04/30/2023	ļ	-						Ψ0.03
	Address of person from whom amount is received; City; State; Zip Code								
		L	Portland, OR 97228						
			Purpose for which amount is received	Chec	k if politi	ica	l conti	ribution returned to filer	
			Interest						
	Date		Name of person from whom amount is received					Amount (\$)	
	05/31/2025	ļ	WellsFargo Bank						\$0.04
Address of person from whom amount is received; City; State; Zip Code									
			Portland, OR 97228						
		T	Purpose for which amount is received	Chec	k if politi	ica	I conti	ribution 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: 77/77 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Texas Radiological Society PAC 00056103 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2025 \$0.05 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