

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00056103	2 Total pages filed: 77	
3 COMMITTEE NAME Texas Radiological Society PAC			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/14/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 24165 IH-10 West, Suite 217 #150 San Antonio, TX 78257			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. I. Ray NICKNAME LAST SUFFIX Kirk			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3756 Westerman Houston, TX 77005			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3756 Westerman Houston, TX 77005			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 623-4070			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Radiological Society PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00056103
--	---

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 80,148.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 10,490.36
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 298,871.22
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

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

Dr. I. Ray Kirk

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 77

<b>17 COMMITTEE NAME</b> Texas Radiological Society PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00056103
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 80,148.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,490.36
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 64,200.00
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.28

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/49 Rpt: 4/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Ryan (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alian, Ali <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UTSW
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75208-0109	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andring, Brice (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anene M.D., Alvin (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75390-8896	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/49 Rpt: 5/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne, Padma (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024-2137	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Virtual Radiologic Corporation
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel M.D., Noah (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson M.D., Stuart (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton, Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494-3890	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery M.D., Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Austin Radiological Association

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/49 Rpt: 6/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aznavorian-Bentley M.D., Gail (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bageac, Alexandru (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Brett (Dr.) <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75504-1831	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Patrick W. (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-7625	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Justin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/49 Rpt: 7/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn Ph.D, Timothy (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75390-9071	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Medical Physicist		<b>9</b> Employer (See Instructions) UTSW
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanch, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020-4584	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boatsman M.D., Justin E. (Dr.) <hr/> Contributor address; City; State; Zip Code  Alamo Heights, TX 78209	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodiwala M.D., Ravi (Dr.) <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092-1324	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associated of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boolchand, Jayant (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093-3306	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/49 Rpt: 8/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Ethan (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boren M.D., Bryant (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75220-1949	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosemani M.D., Thangamadhan (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman M.D., Rodney (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75209-6024	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boys M.D., Gregory (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248-2426	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/49 Rpt: 9/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressler M.D., Robert K. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bundy M.D., Scott A. (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Ray (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-4726	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell M.D., Jason (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75204-5518	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, Brendon (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/49 Rpt: 10/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casolo M.D., B. James (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Adam (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-3750	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudry, Shoeb (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen, Ying (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chen M.D., Lee (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas, PA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/49 Rpt: 11/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chhaya M.D., Samir (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcoat, R. Gray (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-2224	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilcoat M.D., Jill (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4428	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuang M.D., Alex T. (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-3106	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuang M.D., Wendy (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/49 Rpt: 12/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement IV M.D., John P. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209-3630	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) South Texas Radiology Group, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comay, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrad M.D., Jason A. (Dr.) <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-5480	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtines, Michel-Alexis (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Audie Murphy VA Hospital Imaging
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crandall M.D., Benjamin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/49 Rpt: 13/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow M.D., Keith A. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249-2080	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) South Texas radiology Group, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowhurst M.D., Brian (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-6035	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crum , Charles (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cushman M.D., Walter (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalrymple, Neal C. (Dr.) <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/49 Rpt: 14/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, James K. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeQuesada, Ivan (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Desai M.D., Neil (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donepudi M.D., Jyotsna (Dr.) <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034-3663	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Du, Tuan (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/49 Rpt: 15/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyke M.D., Allen (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiology		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Tyler Radiology Associates
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eickenhorst M.D., Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Jose (Dr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans M.D., John (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126-1906	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiology		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/49 Rpt: 16/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans M.D., Lauren (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierke, Shelby R. (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiesta M.D., Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worht, TX 76107-1726	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fite, Jordan (Dr.) <hr/> Contributor address; City; State; Zip Code  longview, TX 75605	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froberg M.D., Kevin P. (Dr.) <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034-6618	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/49 Rpt: 17/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frostenson, Phyllis (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76015	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Diagnostic Radiologist		<b>9</b> Employer (See Instructions) Retired
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrmann M.D., Cletus (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galante M.D., Nicholas (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geppert, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerstle, Ronald (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-3757	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/49 Rpt: 18/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Brian (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gongidi, Preelam (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouvion M.D., Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Timothy (Dr.) <hr/> Contributor address; City; State; Zip Code  Longview, TX 75604	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray M.D., John (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/49 Rpt: 19/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory M.D., William (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colleyville, TX 76034-4244	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gupton, Theodore (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurian M.D., John H. (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229-0441	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Jeremy (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall M.D., Katherine (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75220-2134	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/49 Rpt: 20/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton M.D., Clint D. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-7647	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Bradley (Dr.) <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75092	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammons M.D., Douglas (Dr.) <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-5063	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanrahan M.D., Correy (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardee, KiAnne (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/49 Rpt: 21/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harr M.D., Craig A. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Healy, Mark E. (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heasley, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-7006	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503	Amount of Contribution (\$)  \$210.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoang M.D., Kevin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/49 Rpt: 22/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, George (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Colleyville, TX 76034	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horstman M.D., William G. (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$201.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hsu, Connie (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78727	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Interventional Radiologist		Employer (See Instructions) Austin Radiological Association (RP)
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Joshua A. (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-0697	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hussain, Saad (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/49 Rpt: 23/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyde M.D., Matthew (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002-7319	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyman, Benjamin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iyamu M.D., Ikponmwosa (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jancowski M.D., Luis A. (Dr.) <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75034-2666	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaster, Adam (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/49 Rpt: 24/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeelani, Faraz (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanamalla M.D., Uday (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanchan M.D., Phalak (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-3117	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) MD Anderson
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kayser M.D., Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248-8489	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/49 Rpt: 25/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ketkar, Manoj (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan M.D., Faraz (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056-2715	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Synergy Radiology Associates PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilgore M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Texas Neuroradiology, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, I. Ray (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Kirk Ventures PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/49 Rpt: 26/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kogan M.D., James (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092-9423	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruger M.D., Ariel (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuenstler M.D., Kristi M. (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76108-9202	Amount of Contribution (\$)  \$201.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kwon, Jeannie (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75024-3214	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Southwestern Medical Center at Dallas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leifer M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-8603	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/49 Rpt: 27/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leihgeber, Timothy (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$225.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Tyler Radiology Associates
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin M.D., Scott (Dr.) Contributor address; City; State; Zip Code  Houston, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llave , Alfred (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Tyler Radiology Associates
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lobo M.D., Stephen (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76109-3545	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez M.D., Victor (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/49 Rpt: 28/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, James (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75605	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Tyler Radiology Associates
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry M.D., William (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-1017	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons M.D., Travis (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiology		Employer (See Instructions) South Texas Radiology Group
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macha, Douglas (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin M.D., Joshua (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/49 Rpt: 29/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCaslin, Justin (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrary M.D., Kevin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrary M.D., Michael W. (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75501-5175	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/49 Rpt: 30/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcauley, Jr., Michael F. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menendez M.D., Isabel (Dr.) <hr/> Contributor address; City; State; Zip Code  Aransas Pass, TX 78374	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Care Regional Medical Center
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, III, Carl (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, C. Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/49 Rpt: 31/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moate M.D., Michelle (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019-4525	<b>7</b> Amount of Contribution (\$)  \$201.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiological Consultants Association
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monga M.D., Ashish (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery M.D., Mark L. (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76504-7196	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Baylor Scott and White
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moustafa M.D., Amr (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murchison M.D., James (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Baylor Scott & White

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/49 Rpt: 32/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murchison M.D., James (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Temple, TX 76508	<b>7</b> Amount of Contribution (\$)  \$80.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Baylor Scott & White
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niehus, Joe (Dr.) <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75090-5243	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver M.D., Qian (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orsi M.D., Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232-2824	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Leland <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78248-1224	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Medical & Radiation Physics Inc



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/49 Rpt: 33/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page M.D., Christine (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75229-3806	<b>7</b> Amount of Contribution (\$)  \$198.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pak M.D., James P. (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$201.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pallan M.D., Pablo (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78256-1666	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papasozomenos M.D., Harry (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parikh M.D., Jay (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77030	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT MD Anderson Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/49 Rpt: 34/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Pulin (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel M.D., Dipan (Dr.) <hr/> Contributor address; City; State; Zip Code  Shavano Park, TX 78230-5641	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penney, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$261.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettibon, Keith (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiology		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/49 Rpt: 35/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelps M.D., David (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4481	<b>7</b> Amount of Contribution (\$)  \$225.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip M.D., Joseph (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76508-0001	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Baylor Scott & White
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pilat M.D., Martin (Dr.) <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinho M.D., Daniella (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poe M.D., Gregory (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/49 Rpt: 36/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond M.D., Jason (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75390	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pong, Dan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Austin Radiological Association
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prater M.D., Adam (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prokell M.D., Peter (Dr.) <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008-5817	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pudu M.D., Sridhar (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/49 Rpt: 37/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putegnat M.D., Burton (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quadeer M.D., Rahman (Dr.) <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Queral M.D., John (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qureshi, Jawad (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Justin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/49 Rpt: 38/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reading, David (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiology		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeb, Jr. M.D., Robert J. (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese M.D., William G. (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reilly M.D., Conor (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reuter, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/49 Rpt: 39/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riepe M.D., David (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts M.D., Sidney (Dr.) <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75904	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Arthur Temple Cancer Center
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sacks, Justin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saleem, Arsalan (Dr.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77550	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UTMB
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/49 Rpt: 40/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandoval M.D., Kenneth A. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77346	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) South Texas Radiology group, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Susan (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schniederjan M.D., Josphe (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-4632	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoppe M.D., Kurt (Dr.) <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051-1104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz M.D., Greg (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/49 Rpt: 41/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz M.D., Joseph (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz M.D., Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sensarma M.D., Anirban (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahin M.D., Islam (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharatz M.D., Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76110-1701	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/49 Rpt: 42/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short M.D., Kevin (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva III M.D., Ezequiel (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212-2303	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons M.D., Gary (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sincclair M.D., Spencer (Dr.) <hr/> Contributor address; City; State; Zip Code  Salado, TX 76571-5126	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Baylor Scott and White
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Digvijay (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/49 Rpt: 43/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Kanwar (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh M.D., Ramandeep (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sory M.D., William (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence M.D., Susanna (Dr.) <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Health Science Center

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/49 Rpt: 44/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spindle, Preston (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denison, TX 75020	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkey M.D., Kelly (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strax, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Baylor College of Medicine
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suri M.D., Rajeev (Dr.) <hr/> Contributor address; City; State; Zip Code  Shavano Park, TX 78231-1428	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Health Science Center
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas M.D., John W. (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232-3508	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/49 Rpt: 45/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tibbetts M.D., Todd A. (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) South Texas Radiology Group
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tindall, Bronson (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toliyat, Mohammad (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trippe, Douglas (Dr.) Contributor address; City; State; Zip Code  Texarkana, TX 75503-1140	Amount of Contribution (\$)  \$210.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/49 Rpt: 46/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venkatesan M.D., Aradhana (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77025	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) UT MD Anderson Cancer Center
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wachsmann, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wajid, Haq (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Roger (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$180.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walkiewicz M.D., Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-2241	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/49 Rpt: 47/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warshauer, William (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson , Blake (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4465	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherall M.D., Paul (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) UT Southwestern
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Nathan (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/49 Rpt: 48/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Eric (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissmann, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenzel M.D., Jeffrey S. (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75254-9112	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Dallas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Paul (Dr.) <hr/> Contributor address; City; State; Zip Code  Sherman, TX 75091-0340	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White M.D., Kenneth (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/49 Rpt: 49/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitlow M.D., Warren (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$225.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Vernon (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams M.D., Jonathan (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willig M.D., Donald (Dr.) <hr/> Contributor address; City; State; Zip Code  Waxahachie, TX 75165-3333	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/49 Rpt: 50/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson M.D., Benjamin (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code  Grapevine, TX 76051	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood M.D., David (Dr.) <hr/> Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015-4755	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wortley M.D., Phillip (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75209-6011	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaquinto M.D., James J. (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/49 Rpt: 51/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoo, John (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-3146	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) RANT
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yount M.D., Mitchell (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75094-3859	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North Texas
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziemke, William (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229-0441	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zink M.D., Walter (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group, PA
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zonozy M.D., Auzhaund (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-3534	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) Radiology Associates of North TX

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/49 Rpt: 52/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zurick, Vernon (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lakeway, TX 78734	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Radiologist		<b>9</b> Employer (See Instructions) Lucerne Radiology
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) liaw, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Radiologist		Employer (See Instructions) South Texas Radiology Group

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/20 Rpt: 53/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 03/26/2025	<b>5</b> Payee name ALC Steakhouse	
<b>6</b> Amount (\$) \$530.39  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1205 N Lamar Blvd  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense dinner, legislative fellowship day at the capitol
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2025	Payee name Allman & Associates, Inc.	
Amount (\$) \$103.41  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 600 Great Hills Trail, Suite 150W  Austin, TX 78757	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1099 preparation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2025	Payee name Amazon	
Amount (\$) \$32.23  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 325 9 th Ave. N  seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/20 Rpt: 54/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 01/10/2025	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$45.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Driggers, Amie		
Amount (\$) \$367.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Driggers, Amie		
Amount (\$) \$154.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/20 Rpt: 55/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/21/2025	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$270.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/07/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$90.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$240.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/20 Rpt: 56/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/04/2025	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$240.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/18/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$30.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/02/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$82.50  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/20 Rpt: 57/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/16/2025	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$255.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Driggers, Amie		
Amount (\$) \$90.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Driggers, Amie		
Amount (\$) \$133.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/20 Rpt: 58/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 06/27/2025	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$37.50  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/10/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$3.89  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$31.79  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/20 Rpt: 59/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/07/2025	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$13.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$23.36  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/07/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.78  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/20 Rpt: 60/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 03/21/2025	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$20.76  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Driggers, Amie		
Amount (\$) \$20.76  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Driggers, Amie		
Amount (\$) \$2.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/20 Rpt: 61/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/02/2025	<b>5</b> Payee name Driggers, Amie	
<b>6</b> Amount (\$) \$7.13  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/16/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$22.06  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.79  <input type="checkbox"/> Expenditure from corporate funds	Payee name Driggers, Amie  Payee address; City; State; Zip Code 12840 W Auckland St  Meridian, ID 83642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll expenses: taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/20 Rpt: 64/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/07/2025	<b>5</b> Payee name Imperium Public Affairs	
<b>6</b> Amount (\$) \$367.47  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 13382  austin, TX 78711	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly expenses
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/04/2025	Candidate/Officeholder name Imperium Public Affairs	
Amount (\$) \$823.83  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 13382  austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/04/2025	Candidate/Officeholder name Imperium Public Affairs	
Amount (\$) \$442.04  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 13382  austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/20 Rpt: 65/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/09/2025	<b>5</b> Payee name Imperium Public Affairs	
<b>6</b> Amount (\$) \$964.98  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 13382  austin, TX 78711	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly expenses
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/06/2025	Candidate/Officeholder name Imperium Public Affairs	
Amount (\$) \$608.09  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 13382  austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/31/2025	Candidate/Officeholder name Internal Revenue Service	
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/20 Rpt: 66/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 03/31/2025	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Internal Revenue Service		
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Internal Revenue Service		
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 550 Main St.  Cincinnati, OH 45202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Federal Tax
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/20 Rpt: 67/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 01/03/2025	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) \$184.41  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$178.02  <input type="checkbox"/> Expenditure from corporate funds	Payee name Intuit  Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$178.02  <input type="checkbox"/> Expenditure from corporate funds	Payee name Intuit  Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/20 Rpt: 68/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/03/2025	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) \$178.02  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Intuit		
Amount (\$) \$178.02  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Intuit		
Amount (\$) \$178.02  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quickbooks Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/20 Rpt: 69/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Namireddy M.D., Meera	
<b>6</b> Amount (\$) \$351.57  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 7010 Staffordshire, Apt 225  Houston, TX 77030	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense travel expenses for legislative fellowship
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Office Depot		
Amount (\$) \$69.26  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 201 Springtown Way  San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Office Max		
Amount (\$) \$57.86  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8551 W Franklin Rd  Boise, TX 83709	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/20 Rpt: 70/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 02/18/2025	<b>5</b> Payee name Schlotzsky's Deli	
<b>6</b> Amount (\$) \$787.65  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2545 W Anderson Ln. Ste 202  austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch, legislative fellowship day at the capitol
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wells Fargo Bank N.A.		
Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wells Fargo Bank N.A.		
Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/20 Rpt: 71/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 03/03/2025	<b>5</b> Payee name Wells Fargo Bank N.A.	
<b>6</b> Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wells Fargo Bank N.A.		
Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wells Fargo Bank N.A.		
Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/20 Rpt: 72/77	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 06/02/2025	<b>5</b> Payee name Wells Fargo Bank N.A.	
<b>6</b> Amount (\$) \$20.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2019  Austin, TX 78768	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name gonzalez M.D., Emily	
Amount (\$) \$452.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5617 Lindell Ave, Apartment 4  Dallas, TX 75206	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense travel expenses for legislative fellowship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2025	Payee name texas medical association	
Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 401 W 15th St  austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 2/3 Rpt:	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 05/09/2025	<b>5</b> Payee name Imperium Public Affairs	
<b>6</b> Amount (\$) 7,200.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip PO Box 13382  austin, TX 78711	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Consulting Expense	<b>(b)</b> Description (See instructions regarding type of information required.) lobbyist
Date 06/06/2025	Payee name Imperium Public Affairs	
Amount (\$) 7,200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 13382  austin, TX 78711	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Consulting Expense	<b>(b)</b> Description (See instructions regarding type of information required.) lobbyist
Date 01/15/2025	Payee name Strategic Advisers	
Amount (\$) 3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 515 Monmouth St  Newport, KY 41071	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Consulting Expense	<b>(b)</b> Description (See instructions regarding type of information required.) PR Fees
Date 02/04/2025	Payee name Strategic Advisers	
Amount (\$) 3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 515 Monmouth St  Newport, KY 41071	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Consulting Expense	<b>(b)</b> Description (See instructions regarding type of information required.) PR Fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/3 Rpt:	<b>2</b> FILER NAME Texas Radiological Society PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 03/04/2025	<b>5</b> Payee name Strategic Advisers	
<b>6</b> Amount (\$) 3,500.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 515 Monmouth St Newport, KY 41071	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Consulting Expense	<b>(b)</b> Description (See instructions regarding type of information required.) PR Fees
Date 04/04/2025	Payee name Strategic Advisers	
Amount (\$) 3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 515 Monmouth St Newport, KY 41071	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) PR Fees
Date 05/09/2025	Payee name Strategic Advisers	
Amount (\$) 3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 515 Monmouth St Newport, KY 41071	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) PR Fees
Date 06/06/2025	Payee name Strategic Advisers	
Amount (\$) 3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 515 Monmouth St Newport, KY 41071	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense	(b) Description (See instructions regarding type of information required.) PR Fees

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 76/77
<b>2</b> FILER NAME Texas Radiological Society PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00056103
<b>4</b> Date 01/31/2025	<b>5</b> Name of person from whom amount is received WellsFargo Bank	<b>8</b> Amount (\$) \$0.05
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	
	<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/28/2025	Name of person from whom amount is received WellsFargo Bank	Amount (\$) \$0.04
	Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/31/2025	Name of person from whom amount is received WellsFargo Bank	Amount (\$) \$0.05
	Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/30/2025	Name of person from whom amount is received WellsFargo Bank	Amount (\$) \$0.05
	Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/31/2025	Name of person from whom amount is received WellsFargo Bank	Amount (\$) \$0.04
	Address of person from whom amount is received; City; State; Zip Code  Portland, OR 97228	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 2/2 Rpt: 77/77

2 FILER NAME

Texas Radiological Society PAC

3 Filer ID (Ethics Commission Filers)  
00056103

4 Date

06/30/2025

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

Interest

☐ Check if political contribution returned to filer