

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) 00015952	2 Total pages filed: 64
3 COMMITTEE NAME Texas Dental Hygienists' Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/10/2023	
		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 15019 Coral Sands Dr. Houston, TX 77062		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mrs. Connie NICKNAME LAST SUFFIX Groves		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15019 Coral Sands Dr. Houston, TX 77062		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15019 Coral Sands Dr. Houston, TX 77062		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 274-6827		
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 01/01/2023 THROUGH 06/30/2023		
11 ELECTION	ELECTION DATE Month Day Year 05/06/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Dental Hygienists' Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015952
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,288.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 53,940.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Mrs. Connie Groves

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

17 COMMITTEE NAME Texas Dental Hygienists' Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015952
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,288.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 1,203.12
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/54 Rpt: 4/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 01/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna 6 Contributor address; City; State; Zip Code The Woodlands, TX 77381	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/54 Rpt: 5/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77381	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Leslie <hr/> Contributor address; City; State; Zip Code Houston, TX 77022	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter, Kalli <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76905	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Lynda <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bean, Lynda <hr/> Contributor address; City; State; Zip Code Salado, TX 76571	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/54 Rpt: 6/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 01/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Alisha <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75077	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Catherine <hr/> Contributor address; City; State; Zip Code katy, TX 77494	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) rdh		Employer (See Instructions)
Date 01/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Debra <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Debra <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Debra <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/54 Rpt: 7/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 03/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Debra <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Debra <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Debra <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowie, Cassandra <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowie, Cassandra <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/54 Rpt: 8/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowie, Cassandra <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75181	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowie, Cassandra <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowie, Cassandra <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckingham, Saralyn <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$220.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER-BARIN, MONNA <hr/> Contributor address; City; State; Zip Code SAN Marcos, TX 78666	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/54 Rpt: 9/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER-BARIN, MONNA <hr/> 6 Contributor address; City; State; Zip Code SAN Marcos, TX 78666	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARPENTER-BARIN, MONNA <hr/> Contributor address; City; State; Zip Code SAN Marcos, TX 78666	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, NANCY <hr/> Contributor address; City; State; Zip Code BLANCO, TX 78606	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Brooke <hr/> Contributor address; City; State; Zip Code Bonham, TX 75418	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Central Texas Dental Hygienists' Society <hr/> Contributor address; City; State; Zip Code Temple, TX 76504	Amount of Contribution (\$) \$528.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/54 Rpt: 10/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 01/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Layla <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Layla <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Layla <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Layla <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Layla <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/54 Rpt: 11/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Layla <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77845	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Layla <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Layla <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Darey <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova , Maxine <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/54 Rpt: 12/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova , Maxine	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77041		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova , Maxine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77041		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova , Maxine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77041		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova , Maxine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77041		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova , Maxine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77041		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/54 Rpt: 13/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova , Maxine <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77041	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions) RDH
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowen, Brandy <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Mara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Mara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Mara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/54 Rpt: 14/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Mara <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Mara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denham, Lauren <hr/> Contributor address; City; State; Zip Code Navasota, TX 77868	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denham, Lauren <hr/> Contributor address; City; State; Zip Code Navasota, TX 77868	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denham, Lauren <hr/> Contributor address; City; State; Zip Code Navasota, TX 77868	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/54 Rpt: 15/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denham, Lauren <hr/> 6 Contributor address; City; State; Zip Code Navasota, TX 77868	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denham, Lauren <hr/> Contributor address; City; State; Zip Code Navasota, TX 77868	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denham, Lauren <hr/> Contributor address; City; State; Zip Code Navasota, TX 77868	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derr, Kimberly <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derr, Kimberly <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/54 Rpt: 16/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 05/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derr, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Lorena, TX 76655	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derr, Kimberly <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/54 Rpt: 17/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Angela <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77042	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Angela <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Laura <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englehart, Lisa <hr/> Contributor address; City; State; Zip Code Joshua, TX 76058	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/54 Rpt: 18/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englehart, Lisa <hr/> 6 Contributor address; City; State; Zip Code Joshua, TX 76058	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englehart, Lisa <hr/> Contributor address; City; State; Zip Code Joshua, TX 76058	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englehart, Lisa <hr/> Contributor address; City; State; Zip Code Joshua, TX 76058	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Englehart, Lisa <hr/> Contributor address; City; State; Zip Code Joshua, TX 76058	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ensor, Michelle <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/54 Rpt: 19/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK, Denise <hr/> 6 Contributor address; City; State; Zip Code Grand Prairie , TX 75052	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK, Denise <hr/> Contributor address; City; State; Zip Code Grand Prairie , TX 75052	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK, Denise <hr/> Contributor address; City; State; Zip Code Grand Prairie , TX 75052	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK, Denise <hr/> Contributor address; City; State; Zip Code Grand Prairie , TX 75052	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK, Denise <hr/> Contributor address; City; State; Zip Code Grand Prairie , TX 75052	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/54 Rpt: 20/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREDERICKSEN, AMY	7 Amount of Contribution (\$) \$310.00
6 Contributor address; City; State; Zip Code SACHSE, TX 75048		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREDERICKSEN, AMY	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code SACHSE, TX 75048		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farbo, Holly	Amount of Contribution (\$) \$140.00
Contributor address; City; State; Zip Code Pueblo West, CO 81007		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farbo, Holly	Amount of Contribution (\$) \$140.00
Contributor address; City; State; Zip Code Pueblo West, CO 81007		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felts, Kirby	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Angelo, TX 76905		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/54 Rpt: 21/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 01/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code KIngwood, TX 77345		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code KIngwood, TX 77345		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code KIngwood, TX 77345		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code KIngwood, TX 77345		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code KIngwood, TX 77345		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/54 Rpt: 22/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica <hr/> 6 Contributor address; City; State; Zip Code KIngwood, TX 77345	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Denise <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Denise <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hope <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hope <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$210.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/54 Rpt: 23/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hope	7 Amount of Contribution (\$) \$90.00
6 Contributor address; City; State; Zip Code Houston, TX 77009		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hope	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hope	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hope	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hope	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/54 Rpt: 24/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hope <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hope <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaspard, Karen <hr/> Contributor address; City; State; Zip Code Houston, TX 77082	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Kayla <hr/> Contributor address; City; State; Zip Code Elysian Fields, TX 75642	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Kayla <hr/> Contributor address; City; State; Zip Code Elysian Fields, TX 75642	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/54 Rpt: 25/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Kayla <hr/> 6 Contributor address; City; State; Zip Code Elysian Fields, TX 75642	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Kayla <hr/> Contributor address; City; State; Zip Code Elysian Fields, TX 75642	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Kayla <hr/> Contributor address; City; State; Zip Code Elysian Fields, TX 75642	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Kayla <hr/> Contributor address; City; State; Zip Code Elysian Fields, TX 75642	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Kayla <hr/> Contributor address; City; State; Zip Code Elysian Fields, TX 75642	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/54 Rpt: 26/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Kayla <hr/> 6 Contributor address; City; State; Zip Code Elysian Fields, TX 75642	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Edna <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Shawna <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Shawna <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Shawna <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/54 Rpt: 27/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Shawna <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Shawna <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Shawna <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Shawna <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Connie <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/54 Rpt: 28/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Connie	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Houston, TX 77062		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Connie	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Houston, TX 77062		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Connie	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Houston, TX 77062		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Connie	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Houston, TX 77062		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Connie	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Houston, TX 77062		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/54 Rpt: 29/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Connie	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Houston, TX 77062		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Connie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77062		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Jennifer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Irving, TX 75062		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallmark, Clare	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Cindy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Rockwell, TX 75087-4213		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/54 Rpt: 30/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 01/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Miriam <hr/> 6 Contributor address; City; State; Zip Code Stafford, TX 77477	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Miriam <hr/> Contributor address; City; State; Zip Code Stafford, TX 77477	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Miriam <hr/> Contributor address; City; State; Zip Code Stafford, TX 77477	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Miriam <hr/> Contributor address; City; State; Zip Code Stafford, TX 77477	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Miriam <hr/> Contributor address; City; State; Zip Code Stafford, TX 77477	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/54 Rpt: 31/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Miriam <hr/> 6 Contributor address; City; State; Zip Code Stafford, TX 77477	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Miriam <hr/> Contributor address; City; State; Zip Code Stafford, TX 77477	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Teena <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Angela <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Christina <hr/> Contributor address; City; State; Zip Code Ben Wheeler, TX 78754	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/54 Rpt: 32/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetter, Jodie	7 Amount of Contribution (\$) \$110.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78204		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetter, Jodie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Antonio, TX 78204		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Forest	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brittany	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brittany	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/54 Rpt: 33/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brittany <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brittany <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brittany <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brittany <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brittany <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/54 Rpt: 34/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Nancy 6 Contributor address; City; State; Zip Code Sugarland, TX 77498	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Brittany Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleen, Melissa Contributor address; City; State; Zip Code Prosper, TX 75078	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Addison Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longacre, Denell Contributor address; City; State; Zip Code Weathford, TX 76085	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/54 Rpt: 35/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loos, Katie <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77903	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovatos, Amber <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Chriszelda <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Chriszelda <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Chriszelda <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/54 Rpt: 36/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Chriszelda <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Chriszelda <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maginn, Tricia <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maginn, Tricia <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maginn, Tricia <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/54 Rpt: 37/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maginn, Tricia <hr/> 6 Contributor address; City; State; Zip Code Bryan, TX 77802	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maginn, Tricia <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maginn, Tricia <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannen, Jana <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannen, Jana <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/54 Rpt: 38/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannen, Jana <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannen, Jana <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannen, Jana <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Destiney <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76903	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Mercedes <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/54 Rpt: 39/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Mercedes <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78252	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Mercedes <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Mercedes <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Mercedes <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Mercedes <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/54 Rpt: 40/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Mercedes	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78252		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Mercedes	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code San Antonio, TX 78252		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/54 Rpt: 41/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code McKinney, TX 75070		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Shermance	Amount of Contribution (\$) \$370.00
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Cathy	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Cathy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/54 Rpt: 42/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Cathy <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Cathy <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Cathy <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Cathy <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nobles, Cathy <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/54 Rpt: 43/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 01/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Cindie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Aledo, TX 76008		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Cindie	Amount of Contribution (\$) \$110.00
Contributor address; City; State; Zip Code Aledo, TX 76008		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Cindie	Amount of Contribution (\$) \$130.00
Contributor address; City; State; Zip Code Aledo, TX 76008		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Cindie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Aledo, TX 76008		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Cindie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Aledo, TX 76008		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/54 Rpt: 44/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 03/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Cindie <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76008	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Cindie <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Cindie <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph, Pamela <hr/> Contributor address; City; State; Zip Code Christoval, TX 76935	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph, Pamela <hr/> Contributor address; City; State; Zip Code Christoval, TX 76935	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/54 Rpt: 45/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph, Pamela <hr/> 6 Contributor address; City; State; Zip Code Christoval, TX 76935	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph, Pamela <hr/> Contributor address; City; State; Zip Code Christoval, TX 76935	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph, Pamela <hr/> Contributor address; City; State; Zip Code Christoval, TX 76935	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randolph, Pamela <hr/> Contributor address; City; State; Zip Code Christoval, TX 76935	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHULZE, DESTANI <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/54 Rpt: 46/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar-Mendoza, Sandra <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78252	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar-Mendoza, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar-Mendoza, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar-Mendoza, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar-Mendoza, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/54 Rpt: 47/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 01/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sculley, Rebekah <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78254	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skulley, Rebekah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skulley, Rebekah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skulley, Rebekah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skulley, Rebekah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78254	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/54 Rpt: 48/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Paige <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summerford, Debra <hr/> Contributor address; City; State; Zip Code Harker Heights, TX 76548	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Amy <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Melissa <hr/> Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Melissa <hr/> Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/54 Rpt: 49/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Melissa <hr/> 6 Contributor address; City; State; Zip Code Copperas Cove, TX 76522	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Melissa <hr/> Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Melissa <hr/> Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Melissa <hr/> Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, Sandy <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/54 Rpt: 50/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, Sandy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, Sandy <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, Sandy <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, Sandy <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, Sandy <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/54 Rpt: 51/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timmons, Stephanie <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trilli, Kathy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuel, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuel, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuel, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/54 Rpt: 52/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuel, Karen	7 Amount of Contribution (\$) \$65.00
6 Contributor address; City; State; Zip Code Austin, TX 78731		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuel, Karen	Amount of Contribution (\$) \$65.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turney, Maggie	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code San Angelo, TX 76901		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Daniel	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Daniel	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/54 Rpt: 53/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Daniel <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Daniel <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Daniel <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Daniel <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78634	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/54 Rpt: 54/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78634	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa <hr/> Contributor address; City; State; Zip Code Austin, TX 78634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/54 Rpt: 55/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, Mandy <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75069	7 Amount of Contribution (\$) \$90.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weems, Mandy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75069	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Miranda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 01/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkler, LeeAnn <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkler, LeeAnn <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/54 Rpt: 56/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkler, LeeAnn <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75181	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkler, LeeAnn <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkler, LeeAnn <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkler, LeeAnn <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75181	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiseman, Andrea <hr/> Contributor address; City; State; Zip Code Blanco, TX 78606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/54 Rpt: 57/64
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young , Kristen McGee	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code austin, TX 78745	
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jones, Jayci	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Anna, TX 75409	
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/7 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 03/06/2023	5 Payee name Ballard, Sarabeth	
6 Amount (\$) 508.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 555 Rocky Ridge Ln Weatherford, TX 76085	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Solicitation/Fundraising Expense	(b) Description (See instructions regarding type of information required.) Items/prizes purchased for fundraising event
Date 02/04/2023	Payee name DipJar	
Amount (\$) 53.10 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 607 Washington Road Suite 300 Pittsburgh, PA 15288	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing dipjar donation platform
Date 03/07/2023	Payee name Greer, Shawna	
Amount (\$) 26.19 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 18803 Walden Forest Dr Humble, TX 77346	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Items purchase for fundraising event
Date 03/07/2023	Payee name Groves, Connie	
Amount (\$) 146.57 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 15019 Coral Sands Dr Houston, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Decorations for fundraising event

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/7 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 02/13/2023	5 Payee name Microsoft	
6 Amount (\$) 75.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip One Microsoft Way Redmond, WA 98052	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Computer software
Date 01/14/2023	Payee name PayPal	
Amount (\$) 0.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees to utilize the PayPal platform
Date 02/14/2023	Payee name PayPal	
Amount (\$) 0.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing paypal platform
Date 04/14/2023	Payee name PayPal	
Amount (\$) 0.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) fees for utilizing Paypal platform

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/7 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 03/14/2023	5 Payee name PayPal	
6 Amount (\$) 0.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) fees for utilizing paypal platform
Date 05/14/2023	Payee name PayPal	
Amount (\$) 0.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) fees for utilizing PayPal platform
Date 06/14/2023	Payee name PayPal	
Amount (\$) 0.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing PayPal platform
Date 01/16/2023	Payee name Square	
Amount (\$) 26.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees to utilize Square platform

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/7 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 01/02/2023	5 Payee name Square	
6 Amount (\$) 0.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees to utilize the square platform
Date 02/03/2023	Payee name Square	
Amount (\$) 101.12 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees to utilize the Square platform
Date 02/22/2023	Payee name Square	
Amount (\$) 4.70 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing square platform
Date 02/25/2023	Payee name Square	
Amount (\$) 38.85 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing square platform

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/7 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 04/02/2023	5 Payee name Square	
6 Amount (\$) 0.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing square platform
Date 04/18/2023	Payee name Square	
Amount (\$) 42.15 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing square platform
Date 03/05/2023	Payee name Square	
Amount (\$) 2.40 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) fees for utilizing square platform
Date 03/20/2023	Payee name Square	
Amount (\$) 33.62 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) fees for utilizing square platform

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/7 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 05/02/2023	5 Payee name Square	
6 Amount (\$) 0.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing the Square platform
Date 05/09/2023	Payee name Square	
Amount (\$) 1.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing the square platform
Date 05/16/2023	Payee name Square	
Amount (\$) 35.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing the square platform
Date 06/18/2023	Payee name Square	
Amount (\$) 31.10 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing square platform

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/7 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 06/09/2023	5 Payee name Square	
6 Amount (\$) 1.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing the square platform
Date 06/02/2023	Payee name Square	
Amount (\$) 0.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for utilizing the square platform
Date 01/30/2023	Payee name Staples	
Amount (\$) 67.14 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 19335 Gulf Freeway Webster, TX 77598	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Printing for fundraising event