

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: 48
3 COMMITTEE NAME Texas Dental Hygienists' Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/13/2024	
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	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Connie NICKNAME LAST SUFFIX Groves	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/07/2023 <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)	\$ 5,670.10
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	\$ 59,744.20
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 00015952	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,670.10
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	\$	458.73
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: 1/39 Rpt: 4/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/19/2023	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 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna <hr/> 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 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna <hr/> 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 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna <hr/> 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 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allaire, Joanna <hr/> 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: 2/39 Rpt: 5/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/19/2023	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 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bay Area Dental Hygienists' Association <hr/> Contributor address; City; State; Zip Code Houston, TX 77062-2918	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/15/2023	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)		Employer (See Instructions)
Date 08/14/2023	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)		Employer (See Instructions)
Date 09/14/2023	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)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/39 Rpt: 6/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 10/14/2023	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 11/15/2023	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 12/15/2023	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 07/19/2023	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 08/16/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/39 Rpt: 7/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 09/20/2023	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 10/16/2023	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 11/15/2023	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 12/19/2023	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 11/27/2023	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 (\$) \$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: 5/39 Rpt: 8/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares, Arianna <hr/> 6 Contributor address; City; State; Zip Code Edinburg, TX 78542	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Rebel <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76114	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/19/2023	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 08/16/2023	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 09/20/2023	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: 6/39 Rpt: 9/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 10/16/2023	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 (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 11/15/2023	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 12/19/2023	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 07/19/2023	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) RDH
Date 08/16/2023	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) RDH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/39 Rpt: 10/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 09/20/2023	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 07/19/2023	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 08/16/2023	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 09/20/2023	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)
Date 10/16/2023	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: 8/39 Rpt: 11/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 11/15/2023	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 12/19/2023	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 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas Dental Hygienists' Association <hr/> Contributor address; City; State; Zip Code Royse City, TX 75189	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton, Krisit <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/19/2023	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: 9/39 Rpt: 12/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 08/16/2023	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 09/20/2023	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)
Date 10/16/2023	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 11/15/2023	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 12/19/2023	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: 10/39 Rpt: 13/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/19/2023	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 08/16/2023	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 09/20/2023	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 10/16/2023	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 12/19/2023	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: 11/39 Rpt: 14/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/19/2023	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 08/16/2023	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 09/20/2023	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 10/16/2023	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 11/15/2023	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: 12/39 Rpt: 15/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/19/2023	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 07/19/2023	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 08/16/2023	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 09/20/2023	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 10/16/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/39 Rpt: 16/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 11/15/2023	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 12/19/2023	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 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica <hr/> Contributor address; City; State; Zip Code KIngwood, TX 77345	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica <hr/> Contributor address; City; State; Zip Code KIngwood, TX 77345	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica <hr/> Contributor address; City; State; Zip Code KIngwood, TX 77345	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: 14/39 Rpt: 17/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 10/16/2023	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 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica <hr/> Contributor address; City; State; Zip Code KIngwood, TX 77345	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores , Veronica <hr/> Contributor address; City; State; Zip Code KIngwood, TX 77345	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/19/2023	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 08/16/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/39 Rpt: 18/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 09/20/2023	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 10/16/2023	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 11/15/2023	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 12/19/2023	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 07/19/2023	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: 16/39 Rpt: 19/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 08/16/2023	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 09/20/2023	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 10/16/2023	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 11/15/2023	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 12/19/2023	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: 17/39 Rpt: 20/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/19/2023	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 08/16/2023	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 09/20/2023	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 10/16/2023	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 11/15/2023	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: 18/39 Rpt: 21/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/19/2023	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 07/19/2023	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)
Date 08/16/2023	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)
Date 09/20/2023	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)
Date 10/16/2023	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: 19/39 Rpt: 22/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groves, Connie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 12/18/2023	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 (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 12/19/2023	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)
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley Hitz, Erin <hr/> Contributor address; City; State; Zip Code Lincoln, NE 68506	Amount of Contribution (\$) \$40.40
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hashmani, Nisa <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$30.00
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: 20/39 Rpt: 23/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/19/2023	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 08/16/2023	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)
Date 09/20/2023	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 10/16/2023	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)
Date 11/15/2023	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: 21/39 Rpt: 24/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/19/2023	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 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Alisha <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyden, Sabine <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$40.40
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 12/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hypes, Tiffany <hr/> Contributor address; City; State; Zip Code Houston, TX 77044	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/19/2023	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: 22/39 Rpt: 25/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brittany	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 09/20/2023	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 10/16/2023	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 11/15/2023	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 12/19/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/39 Rpt: 26/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleen, Melissa <hr/> 6 Contributor address; City; State; Zip Code Prosper, TX 75078	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 07/19/2023	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 08/16/2023	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 09/20/2023	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 10/16/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/39 Rpt: 27/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 11/15/2023	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 12/19/2023	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 07/19/2023	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 08/16/2023	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)
Date 09/20/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/39 Rpt: 28/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 10/16/2023	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 (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 11/15/2023	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 12/19/2023	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 07/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	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: 26/39 Rpt: 29/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 09/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moorman, Chelsea <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/19/2023	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: 27/39 Rpt: 30/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 08/16/2023	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 (\$) \$40.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 09/21/2023	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 10/16/2023	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 11/15/2023	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 12/19/2023	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: 28/39 Rpt: 31/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/19/2023	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 08/16/2023	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 09/20/2023	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 11/15/2023	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 (\$) \$48.10
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 12/19/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/39 Rpt: 32/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Grandbury, TX 76049	7 Amount of Contribution (\$) \$40.40
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 07/19/2023	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 08/16/2023	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 07/19/2023	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 08/16/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/39 Rpt: 33/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 09/20/2023	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 10/16/2023	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 11/15/2023	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 12/19/2023	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 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiner, Olivia <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$30.00
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: 31/39 Rpt: 34/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/02/2023	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 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sculley, 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 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sculley, 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 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Storrs, Alison <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911	Amount of Contribution (\$) \$40.40
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/19/2023	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: 32/39 Rpt: 35/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 08/16/2023	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 09/20/2023	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 10/16/2023	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 11/15/2023	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 12/19/2023	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: 33/39 Rpt: 36/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/19/2023	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 08/16/2023	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 09/20/2023	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 10/16/2023	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 11/15/2023	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: 34/39 Rpt: 37/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tesch, Sandy	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code Austin, TX 78729		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 07/19/2023	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 08/16/2023	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 09/20/2023	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 10/16/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/39 Rpt: 38/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuel, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 12/19/2023	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 07/19/2023	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 08/16/2023	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 09/20/2023	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/39 Rpt: 39/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Daniel 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 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Daniel 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 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Daniel 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 07/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa 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 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa 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: 37/39 Rpt: 40/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 09/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Austin, TX 78634		
8 Principal occupation / Job title (See Instructions) RDH		9 Employer (See Instructions)
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78634		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78634		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vetter, Melissa	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78634		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiese, Lisa	Amount of Contribution (\$) \$40.40
Contributor address; City; State; Zip Code College Station, TX 77845		
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: 38/39 Rpt: 41/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/19/2023	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 08/16/2023	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 09/22/2023	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 10/16/2023	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 11/15/2023	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: 39/39 Rpt: 42/48
2 FILER NAME Texas Dental Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/19/2023	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)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/6 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 09/21/2023	5 Payee name Groves, Connie	
6 Amount (\$) 205.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 15019 Coral Sands Dr Houston, TX 77062	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for raffle items for fundraising event
Date 07/15/2023	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 the PayPal platform
Date 08/14/2023	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 08/22/2023	Payee name PayPal	
Amount (\$) 7.18 <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: 2/6 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 09/14/2023	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 10/14/2023	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 11/15/2023	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 12/15/2023	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 the 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: 3/6 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 08/07/2023	5 Payee name Quicken	
6 Amount (\$) 45.34 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3760 Haven Avenue Menlo Park, CA 94025	
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.) yearly cost for our quicken software subscription
Date 07/02/2023	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 07/19/2023	Payee name Square	
Amount (\$) 32.25 <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 08/02/2023	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 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: 4/6 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 08/16/2023	5 Payee name Square	
6 Amount (\$) 32.75 <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 07/22/2023	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 Square platform
Date 09/20/2023	Payee name Square	
Amount (\$) 28.30 <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 09/02/2023	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 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: 5/6 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 09/21/2023	5 Payee name Square	
6 Amount (\$) 2.05 <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 09/22/2023	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 square platform
Date 10/16/2023	Payee name Square	
Amount (\$) 29.85 <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
Date 11/15/2023	Payee name Square	
Amount (\$) 29.35 <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: 6/6 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 12/19/2023	5 Payee name Square	
6 Amount (\$) 5.68 <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 Square platform
Date 12/19/2023	Payee name Square	
Amount (\$) 31.75 <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