

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Dental Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015960
---	---

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)	\$ 76,894.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,839,502.80
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.

Dr. Daniel O'Dell

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 - MPAC

17 COMMITTEE NAME Texas Dental Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015960
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 65,905.50
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 checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 10,989.01
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,500.00
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 134.03

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/84 Rpt: 4/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkins, Jay (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79414-5834	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aduddell, Rebecca (Dr.) <hr/> Contributor address; City; State; Zip Code Canton, TX 75103-1700	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Courtney (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-3463	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, James (Dr.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013-2505	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alford, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code Lakeway, TX 78734-5282	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/84 Rpt: 5/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Jr., Charles (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2371	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Marcela (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258-4091	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aniemeke, John (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Live Oak, TX 78233-3267	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Craig (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77042-4141	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Artaza, Hugo (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Katy, TX 77450-6188	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/84 Rpt: 6/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aryan, Frank (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78251-1663	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Anna (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-5358	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aswad, Najd (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Arlington, TX 76011-3945	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attar, Sayeed (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Westlake, TX 76262-4814	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Steven (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109-1975	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/84 Rpt: 7/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Jerry (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-5352	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baethge, Kevin (Dr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-5352	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Randall (Dr.) <hr/> Contributor address; City; State; Zip Code Webster, TX 77598-4326	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bainbridge, Jean (Dr.) <hr/> Contributor address; City; State; Zip Code Miramar Beach, FL 32550-8503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrington, Craig (Dr.) <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165-1874	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/84 Rpt: 8/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrington, Jennifer (Dr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Waxahachie, TX 75165-1874	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barroso, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Burleson, TX 76028-4178	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartell, Barrett (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76133-2770	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baucum III, John (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2535	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bautsch, Jerry (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Kingwood, TX 77339-5220	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/84 Rpt: 9/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckel, Bradly (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258-4091	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Amy (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1867	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beougher, Ritchie (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-3529	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75137-4489	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905-2827	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/84 Rpt: 10/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blundell, Garrett (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code College Station, TX 77845-1501	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Eugene (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Vidor, TX 77662-4357	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borth, Russell (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3782	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, Jimmy (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79912-1748	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyle, Joseph (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229-3654	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/84 Rpt: 11/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branch, Warren (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209-3840	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bransford, Richard (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79936-5100	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brigati, Jessica (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-1914	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, Seth (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78717-3904	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brimhall, Jae (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Coppell, TX 75019-7579	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/84 Rpt: 12/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Jason (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77058-2738	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brotherton, Dana (Dr.) <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459-4070	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown Jr., Charles (Dr.) <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-5809	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Sammy (Dr.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340-2299	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burk, Roy (Dr.) <hr/> Contributor address; City; State; Zip Code Littlefield, TX 79339-3821	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/84 Rpt: 13/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhart, William (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78759-8684	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calabria, Thomas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Paris, TX 75462-5213	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Charles (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79925-8028	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Shelley (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77092-1200	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlton, Kevin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79602-4421	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/84 Rpt: 14/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Thomas (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Victoria, TX 77904-2351	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carwile, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356-6046	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casler, Joel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lubbock, TX 79410-1837	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Roland (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78207-5129	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazares Jr., Jose (Joey) (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78501-4180	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/84 Rpt: 15/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cazes, Casey (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kerrville, TX 78028-8905	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cestari, Shannon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-2377	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410-5127	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavez, Ricardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79936-3867	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chilton, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Borger, TX 79007-4220	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/84 Rpt: 16/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christal, Tonya (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78257-1174	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clardy, Kevin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Brownwood, TX 76801-5942	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Pamela (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Pearland, TX 77584-5135	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clegg, Stephen (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-2799	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, R. Lee (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-5358	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/84 Rpt: 17/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clyburn, Brandon (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code College Station, TX 77845-1501	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb Jr., George (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-3393	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coker, Mack (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77069-2650	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Debra (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bedford, TX 76022-7449	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Ron (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77072-1340	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/84 Rpt: 18/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colter, Jennifer (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75229-6310	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Ralph A. (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Houston, TX 77054	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Monte (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hewitt, TX 76643-3038	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Brent (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Keller, TX 76248-2255	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Taylor (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Wellborn, TX 77881-0450	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/84 Rpt: 19/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Joseph (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Lamesa, TX 79331-6250	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Melanie (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Shiner, TX 77984-5274	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crabtree, Colby (Dr.)	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code Katy, TX 77494-3596	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft III, Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-6869	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croley, Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lufkin, TX 75904-4531	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/84 Rpt: 20/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronin Barron, Elyse (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78759-4041	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Carly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620-5268	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Russell (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620-5268	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-5362	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Prosper, TX 75078-7611	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/84 Rpt: 21/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Dick (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Laredo, TX 78041-6512	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mila (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75287-6800	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis III, Robert (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75604-3602	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davoody, Amirparviz (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77027-6218	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawod, Haysam (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2604	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/84 Rpt: 22/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deering, Bart (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Rowlett, TX 75088-4248	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dees, Lori Anna (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Garland, TX 75043-4788	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz-Murphy, Deborah (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78224-1291	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Distefano, Scott (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605-0038	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, James (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Marcos, TX 78666-7113	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/84 Rpt: 23/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drennan, Terry (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-1867	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, David (Dr.)	Amount of Contribution (\$) \$1,871.00
	Contributor address; City; State; Zip Code Amarillo, TX 79119-6667	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap Jr., Francis (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77079-2008	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Bret (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77479-3129	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eberhart, Gregory (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Quitman, TX 75783-2548	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/84 Rpt: 24/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egger, Graham (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Southlake, TX 76092-8562	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, Bernardino (Dr.) <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-4121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, John (Dr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1720	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Brooke (Dr.) <hr/> Contributor address; City; State; Zip Code Italy, TX 76651-3590	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes III, John (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601-2479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/84 Rpt: 25/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes IV, John (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601-2479	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurich, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Gainesville, TX 76240-4005	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faught, Darrell (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Round Rock, TX 78665-2497	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Tyler (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78257-1160	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Findley, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75074-6302	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/84 Rpt: 26/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleshman, Brandon (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Texas City, TX 77590-4602	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Lavelle (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Harker Hts, TX 76548-5633	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest, Kim (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Katy, TX 77494-6663	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fourrier, Lionel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Waller, TX 77484-8263	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franke, Larry (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Karnes City, TX 78118-3015	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/84 Rpt: 27/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Lisa (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418-3059	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frei, Gregory (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Spring Branch, TX 78070-6771	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frels, John (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Yorktown, TX 78164-5127	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frels, Leslie (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Victoria, TX 77904-1676	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fries, Gary (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Victoria, TX 77904-3856	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/84 Rpt: 28/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furqueron, Buddy (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lindale, TX 75771-3300	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Carlos (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Humacao, TX 00791-6354	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricardo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78501-2436	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76712-7927	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code College Station, TX 77845-1501	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/84 Rpt: 29/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Anthony (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-5817	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavito, Emma (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Brownsville, TX 78521-4244	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geller, Mark (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75075-7757	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerlach, Lynne (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Plano, TX 75024-3595	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerlach, William (Dr.)	Amount of Contribution (\$) \$1,871.00
	Contributor address; City; State; Zip Code Prosper, TX 75078-9286	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/84 Rpt: 30/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Jerome (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78218-3075	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Kathy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77017-6512	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesler, Cody (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Atlanta, TX 75551-3402	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesler, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Atlanta, TX 75551-3402	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Ray (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4104	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/84 Rpt: 31/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giraldo, Gloria (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77080-5008	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Givan, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-1911	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Gayle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75230-4462	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75225-5928	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluski, Kenneth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Galveston, TX 77550-4407	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/84 Rpt: 32/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Robert (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Brownwood, TX 76801-6005	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606-5100	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gott, Karen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lindale, TX 75771-1747	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goulding, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-6861	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78217-4661	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/84 Rpt: 33/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grave, Gregory (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023-5944	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Austin (Dr.) <hr/> Contributor address; City; State; Zip Code Midland, TX 79707-1525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, J. Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Dale (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230-2774	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, George (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-5260	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/84 Rpt: 34/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Matthew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77005-4212	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Longview, TX 75605-5050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Charles (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code College Station, TX 77845-1501	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Bradley (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77316-1779	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Killeen, TX 76543-4153	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/84 Rpt: 35/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Thomas (Dr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Katy, TX 77450-2544	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassell, Gene (Dr.)	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code Pflugerville, TX 78660-2994	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathaway, Jennifer (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bryan, TX 77802-5210	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Shad (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Plano, TX 75074-5846	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich, Robert (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4472	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/84 Rpt: 36/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich-Null, Lisa (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Victoria, TX 77904-1513	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hembree, Megan (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Boerne, TX 78006-8344	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hempfling, John (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76309-2251	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrington, Jay (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Palestine, TX 75801-4780	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herwig, Larry (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-5525	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/84 Rpt: 37/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ron (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77027-6038	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirt, Edgar (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Webster, TX 77598-4042	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollander, Eric (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Park, TX 78641-3789	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsey, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Spring, TX 77381-6320	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/84 Rpt: 38/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hom, Jeffrey (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78745-1411	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howe, John (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459-7093	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huey, Gwin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75209-3315	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Elizabeth (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77030-1929	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Harry (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77030-1929	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/84 Rpt: 39/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Jessie (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Allen, TX 75013-2814	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurley, Kristen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Meridian, TX 76665	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutto, Dean (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Baytown, TX 77521-3306	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imrek, Alan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-4055	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inmon, Macy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cooper, TX 75432-0150	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/84 Rpt: 40/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Issa-Abbas, Tam (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78238-1454	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Chad (Dr.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308-2900	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Brad (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-7220	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Marshall (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023-5944	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Arthur (Dr.) <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904-4811	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/84 Rpt: 41/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaye, Aline (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75205-4172	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Kelly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78751-5012	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keneson, Joe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Silsbee, TX 77656-5120	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Dan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Spring, TX 77389-5200	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoo, Tuo Sheng (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6136	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/84 Rpt: 42/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Phil (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Plano, TX 75024-2411	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78749-6522	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78738-5530	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kogut, Mark (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-4212	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolb, Jonathan (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2465	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/84 Rpt: 43/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolb-Snody, Sherry (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Taft, TX 78390-3045	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kooker, Kirk (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-8118	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koschak, Seth (Dr.) <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904-6425	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kososki, J (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075-5744	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kotlarek, Mark (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77079-5428	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/84 Rpt: 44/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovach, Alejandra (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Aledo, TX 76008-3882	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuba, Reena (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Irving, TX 75063-7833	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhl, Eric (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232-3712	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhlman, Timothy (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6346	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPointe, Jessi (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2906	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/84 Rpt: 45/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laing, David (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Katy, TX 77494-4780	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Galin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77706-5041	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latiolais, Trey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Daingerfield, TX 75638-1030	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latta, Paul (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75701-2124	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Kent (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77096-3860	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/84 Rpt: 46/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Samantha (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Denton, TX 76210-4652	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledesma, Erika (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mansfield, TX 76063-7504	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, John (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75228-3859	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Ronald (Dr.)	Amount of Contribution (\$) \$187.10
	Contributor address; City; State; Zip Code Colleyville, TX 76034-5905	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leisch, Jarrod (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Whitehouse, TX 75791-1047	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/84 Rpt: 47/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Jeffrey (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77057-6205	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liao, Henry (Dr.)	Amount of Contribution (\$) \$850.00
	Contributor address; City; State; Zip Code Plano, TX 75074-7126	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lim, Rachel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Baytown, TX 77523-1201	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78263-6029	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loar, Roberto (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78704-1957	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/84 Rpt: 48/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohmann, Layla (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75248-4701	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luedemann, Amy (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Katy, TX 77494-2705	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutke, Gregory (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75093-5738	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutonsky Jr., James (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Conroe, TX 77304-1826	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Anne (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Austin, TX 78745-5352	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/84 Rpt: 49/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackie, Kurt (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Boerne, TX 78006-2483	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manlove, Stacy (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2508	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuele, Lisa (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Galveston, TX 77550-7731	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marblestone, Ginger (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4116	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcks, Ashley (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77054-4003	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/84 Rpt: 50/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Thomas (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79912-7705	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Catherine (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Laredo, TX 78045-8149	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Ralph (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2627	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Brian (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77004-3920	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, John (Dr.)	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-3972	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/84 Rpt: 51/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Christopher (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lubbock, TX 79424-2894	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Lisa B. (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code San Antonio, TX 78216-4361	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Will (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Tyler, TX 75701-9018	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Marquel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-5413	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCandless, Georganne (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Tomball, TX 77375-4595	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/84 Rpt: 52/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald III, Edwin (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75023-5944	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEntire, Vencen (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Amarillo, TX 79109-5413	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKaskle, Derek (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Katy, TX 77494-5479	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKewen, Taylor (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lufkin, TX 75904-3050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLemore Jr., F (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Weatherford, TX 76086-6544	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/84 Rpt: 53/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Danette (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Rockwall, TX 75032-6514	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQuade, LeeAnn (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706-6079	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Christina Marie (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78252	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menendez, Silvia (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79912-7096	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midkiff, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lubbock, TX 79413-5741	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/84 Rpt: 54/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Donna (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Woodway, TX 76712-3866	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, J (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093-3634	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79761-4271	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, L (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75093-3634	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller Jr., James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Irving, TX 75038-3454	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/84 Rpt: 55/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohammadzadeh Rezaei, Naser (Dr.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912-3677	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mojdehi, Maryam (Dr.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013-5030	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Shane (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124-1321	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Ramiro (Dr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479-4181	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Davis (Dr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-7127	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/84 Rpt: 56/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, Scott (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76013	7 Amount of Contribution (\$) \$187.10
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munne, Anna (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002-9700	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Kurt (Dr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006-2849	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najera, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-5764	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naples, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681-4014	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/84 Rpt: 57/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Russell (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78749-1976	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Minh-Khoi (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77049-4351	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nickerson, Natalie (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Duncanville, TX 75116-4825	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78228-5518	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando A. (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78228-5500	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/84 Rpt: 58/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunez Gil, Humberto (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Brownsville, TX 78520-3512	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Shell, Michael (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77063-1612	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Offutt, Robert (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New Braunfels, TX 78130-3154	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oh, Jennifer (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78253-5766	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Celeste (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78210-1102	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/84 Rpt: 59/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Jarod (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78254-6434	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson Triska, Katherine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77706-3899	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orchard, Nicholas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6318	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, Gregory (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78218-3075	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Harry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-5365	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/84 Rpt: 60/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overstreet, Meredith (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Austin, TX 78745-1411	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda Gail (Dr.)	Amount of Contribution (\$) \$85.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paredes, Samuel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79902-2918	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, C (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78752-3733	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, C Steve (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78752-3733	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/84 Rpt: 61/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Yogesh (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75243-3792	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peppard, Richard (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78759-8672	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Azzah (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-2743	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez IV, Juvencio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1999	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettit, Nathan (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77054-1911	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/84 Rpt: 62/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philips Jr., Frederick (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78229-4432	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips Jr., Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76104-2716	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillers, Gary (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cypress, TX 77433-3778	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pina, Diana (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258-4491	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pointer, Gary (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-7673	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/84 Rpt: 63/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter II, Jackson (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Beaumont, TX 77706-7860	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poth, Larry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Floresville, TX 78114-1956	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poticny, Daniel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Grand Prairie, TX 75052-5000	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Danielle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78256-2499	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Stewart (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Red Oak, TX 75154-0448	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/84 Rpt: 64/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pratt, Steven (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Atlanta, TX 75551-3428	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Carol (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77008-2402	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Privett Jr., William (Dr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code College Station, TX 77845-8344	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdy, John Martin (Dr.)	Amount of Contribution (\$) \$374.20
	Contributor address; City; State; Zip Code El Paso, TX 79925-6794	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putthoff, Susan (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Kerrville, TX 78028-4020	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/84 Rpt: 65/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quante, Anthony (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78228-2101	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragsdale, Judith (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bullard, TX 75757-8819	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77034-4882	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Michael Andrew (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralstin, William (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-1107	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/84 Rpt: 66/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashall, Gregory (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Liberty, TX 77575	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Pamela (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78229-3503	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reece, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bryan, TX 77808-6267	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75243-9362	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reel Jr., Harold (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Angelo, TX 76904-7758	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/84 Rpt: 67/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Respondek, Martha (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78463-0034	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reznik, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762-4762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, John (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304-1722	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riedel, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code Orange, TX 77630-1986	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, David (Dr.) <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904-2351	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/84 Rpt: 68/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, Ryan (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628-2879	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew (Dr.)	Amount of Contribution (\$) \$1,871.00
	Contributor address; City; State; Zip Code Crockett, TX 75835-2003	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Susan (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76137-4479	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Roxanne (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6005	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jesus (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Levelland, TX 79336-5317	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/84 Rpt: 69/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez Jr., Victor (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77058-2768	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rojas, Edith (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, Ronny (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627-6638	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, William (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76705-2579	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runyon Jr., William (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-1512	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/84 Rpt: 70/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Patrick (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75229-4135	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saman, Ramzi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573-7096	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Lance (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78750-3803	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Bret (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hemphill, TX 75948-7108	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer Jr., Charles (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79124-2105	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/84 Rpt: 71/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savoy, Bonnie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-2809	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaff, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-1935	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheideman, Gregory (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1512	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlattman Jr., Russell (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77069-2650	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlieve, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208-3312	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/84 Rpt: 72/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Laura (Dr.) 6 Contributor address; City; State; Zip Code Cypress, TX 77433	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiner, James (Dr.) Contributor address; City; State; Zip Code Keller, TX 76248-2433	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaberg, K (Dr.) Contributor address; City; State; Zip Code Dayton, TX 77535-2310	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Shelley (Dr.) Contributor address; City; State; Zip Code Houston, TX 77024-1645	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Cheryl (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130-6112	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/84 Rpt: 73/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sentelle, R David (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Prosper, TX 75078-9716	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharfae, Benjamin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78749-1970	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharfae, Magnolia (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78749-1970	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepard, Stephen (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Harlingen, TX 78550-7312	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shults, Gary (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-4844	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/84 Rpt: 74/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Stephanie (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Waxahachie, TX 75165-1631	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smart, Lyndi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79603-4738	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jamie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Reno, TX 75462-6453	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corsicana, TX 75110-4564	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79119-6667	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/84 Rpt: 75/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Roy (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-3950	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith Jr., Benjamin (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Webster, TX 77598-4366	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Steven (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2371	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sowers, Samuel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Midland, TX 79707-3562	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperry, Stephen (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/84 Rpt: 76/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperry, Valerie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Rockport, TX 78382-3328	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sponenberg, John (Dr.) <hr/> Contributor address; City; State; Zip Code Mexia, TX 76667-0149	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spradley, James (Dr.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429-1821	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St Clair IV, James (Dr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-2894	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens Jr., Claude (Dr.) <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065-5576	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/84 Rpt: 77/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromberg, M (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75229-2756	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuchlik, Katie (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumbera, Mark (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Victoria, TX 77901-3092	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swankowski, Wendy (Dr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77079-6826	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Mary (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-2379	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/84 Rpt: 78/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinney, Chip (Dr.) 6 Contributor address; City; State; Zip Code Tyler, TX 75703-6111	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabakman, Vladimir (Dr.) Contributor address; City; State; Zip Code Houston, TX 77077-1760	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tailor, Sweta (Dr.) Contributor address; City; State; Zip Code Austin, TX 78756-3725	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tayari, Nadia (Dr.) Contributor address; City; State; Zip Code Melissa, TX 75454-2677	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanur, Eduardo (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75243-7165	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/84 Rpt: 79/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Gary (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Denton, TX 76201-2660	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Kayleigh (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Tyler, TX 75701-9421	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Tommy (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76103-1350	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, W (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-6200	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) To, Kenneth (Dr.)	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Duncanville, TX 75116-3332	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/84 Rpt: 80/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Cesar (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Laredo, TX 78041-2090	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Casey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Westlake, TX 76262-4814	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Wicklen, Steven (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704-7990	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vardeman, Fortuna (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Schertz, TX 78154-1138	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughan, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79106-3333	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/84 Rpt: 81/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Crystal (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520-3512	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, David (Dr.) <hr/> Contributor address; City; State; Zip Code Pleasanton, TX 78064-4025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vlosich, Spence (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109-7434	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voigtel, Cheryl (Dr.) <hr/> Contributor address; City; State; Zip Code Belton, TX 76513-2656	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voigtel, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code Belton, TX 76513-2656	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/84 Rpt: 82/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voreis, Monica (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Los Fresnos, TX 78566-3236	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waggener, Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Waco, TX 76710-1814	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, John (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75231-4218	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallach, Richard (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-8398	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Karen (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77054-4003	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/84 Rpt: 83/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Candy (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Mount Pleasant, TX 75455-5630	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, David (Dr.) <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79720-4441	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson Jr., James (Dr.) <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080-1300	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706-7957	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Lindsey Luann (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/84 Rpt: 84/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westbrook, Bradley (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Jacksonville, TX 75766-9052	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-6061	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitworth, Katie (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code London, TX 76854-5600	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitworth, William (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code London, TX 76854-5600	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiggins, Raymond (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Katy, TX 77450-3858	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/84 Rpt: 85/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiley, William (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bryan, TX 77802-6007	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodburn, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79109-1721	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodruff, Sean (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79121-1653	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worob, Marc (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759-4041	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worsham, Debrah (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Center, TX 75935-4321	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/84 Rpt: 86/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Marshall (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Weatherford, TX 76086-5802	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Clyde (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78211-3793	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78211-3793	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youree, Lanny (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Denison, TX 75020-4000	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yu, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6490	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/84 Rpt: 87/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zayas, Joe (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520-7735	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1811	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zitterich, Marisa (Dr.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-5453	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 88/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/01/2023	5 Corporation / Labor Organization name Texas Dental Association	6 Amount (\$) 10,989.01

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 89/90	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
--	--	--

4 Date 12/14/2023	5 Payee name Brent Hagenbuch Campaign
-----------------------------	---

6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2800 Shoreline Dr #310 Denton, TX 76210
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/14/2023	Payee name Steve Allison Campaign
--------------------	--------------------------------------

Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 Morningside Drive San Antonio, TX 78209
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 90/90
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/01/2023	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$134.03
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767	
	7 Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer