

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,684.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,934,400.93
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	\$ 27,111.80
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	\$ 13,572.30
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	\$ 1,000.00
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	\$ 138.75

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/69 Rpt: 4/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Terry (Dr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75225-6210	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addington, Danny (Dr.) Contributor address; City; State; Zip Code Atlanta, TX 75551-2625	Amount of Contribution (\$) \$22.30
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkins, Jay (Dr.) Contributor address; City; State; Zip Code Lubbock, TX 79414-5834	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agnero, Fanny (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539-0244	Amount of Contribution (\$) \$98.29
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred, Jeremy (Dr.) Contributor address; City; State; Zip Code Kilgore, TX 75662-2903	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: 2/69 Rpt: 5/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen Jr., Jeff (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77063-2318	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Alejandro (Dr.) <hr/> Contributor address; City; State; Zip Code Horizon City, TX 79928-5342	Amount of Contribution (\$) \$33.95
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvey, Dallas (Dr.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433-7176	Amount of Contribution (\$) \$24.11
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ancira, Claudia (Dr.) <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526-3972	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderton, Xochitl (Dr.) <hr/> Contributor address; City; State; Zip Code Post, TX 79356-3234	Amount of Contribution (\$) \$21.83
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: 3/69 Rpt: 6/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angulo, Samuel (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79912-1530	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anyaegbu, Adeyinka (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Midlothian, TX 76065-7192	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Erin (Dr.)	Amount of Contribution (\$) \$18.90
	Contributor address; City; State; Zip Code Austin, TX 78731-2901	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aten, Susan (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richardson, TX 75080-6230	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azarnoush, Kaveh (Dr.)	Amount of Contribution (\$) \$28.86
	Contributor address; City; State; Zip Code Georgetown, TX 78628-2099	
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: 4/69 Rpt: 7/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachoura, Alex (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Cypress, TX 77429-5759	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, William (Dr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78750-3246	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balderas, Victoria (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Del Rio, TX 78840-2881	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, John (Dr.)	Amount of Contribution (\$) \$20.69
	Contributor address; City; State; Zip Code Amarillo, TX 79109-4145	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Stephen (Dr.)	Amount of Contribution (\$) \$23.16
	Contributor address; City; State; Zip Code Plano, TX 75093-6405	
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: 5/69 Rpt: 8/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batarse, Allison (Dr.)	7 Amount of Contribution (\$) \$30.86
	6 Contributor address; City; State; Zip Code Houston, TX 77042-1523	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Carole (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Farmersville, TX 75442-2523	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baucum, Darryl (Dr.)	Amount of Contribution (\$) \$29.86
	Contributor address; City; State; Zip Code Driftwood, TX 78619-4497	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellingham, Nicole (Dr.)	Amount of Contribution (\$) \$21.86
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-7339	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beto, Michael (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Del Rio, TX 78840-2144	
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: 6/69 Rpt: 9/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmond, Heather (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232-3941	7 Amount of Contribution (\$) \$18.78
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, Kerry (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-2713	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boles, Justina (Dr.) <hr/> Contributor address; City; State; Zip Code Buffalo Gap, TX 79508-2120	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, David (Dr.) <hr/> Contributor address; City; State; Zip Code Dumas, TX 79029-5378	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner Jr., Frank (Dr.) <hr/> Contributor address; City; State; Zip Code Portland, TX 78374-1420	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: 7/69 Rpt: 10/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Louis-Philippe (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77060-1307	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourland, Thomas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75218-3591	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourquein, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-3918	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Randall (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79109-3900	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, George (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77025-1057	
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: 8/69 Rpt: 11/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Linda (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-9043	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Vernon (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-7618	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, John (Dr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478-3864	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campo, Jaci (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602-1591	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capehart, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75077-3027	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: 9/69 Rpt: 12/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capps, Chad (Dr.) 6 Contributor address; City; State; Zip Code Rockwall, TX 75032-6447	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Omel (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550-8349	Amount of Contribution (\$) \$20.54
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carothers, Catherine (Dr.) Contributor address; City; State; Zip Code San Marcos, TX 78666-5151	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carothers, Corey (Dr.) Contributor address; City; State; Zip Code San Marcos, TX 78666-5151	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casarez-Quintana, Gianna (Dr.) Contributor address; City; State; Zip Code Austin, TX 78737-2851	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: 10/69 Rpt: 13/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo III, Miguel (Dr.)	7 Amount of Contribution (\$) \$20.54
	6 Contributor address; City; State; Zip Code Mission, TX 78572-6049	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Claudia (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Laredo, TX 78041-1705	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Kyle (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Pampa, TX 79065-1515	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Stephen (Dr.)	Amount of Contribution (\$) \$27.57
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-1300	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childress, Steven (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Robinson, TX 76706-5303	
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: 11/69 Rpt: 14/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, R. Lee (Dr.)	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-5358	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Mary (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fairview, TX 75069-6833	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colter, Shandon (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75240-4506	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conditt, Mitchell (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-5020	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley, Emily (Dr.)	Amount of Contribution (\$) \$22.69
	Contributor address; City; State; Zip Code Georgetown, TX 78628-2099	
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: 12/69 Rpt: 15/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Ralph A. (Dr.)	7 Amount of Contribution (\$) \$120.00
6 Contributor address; City; State; Zip Code Houston, TX 77054		
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, David (Dr.)	Amount of Contribution (\$) \$29.56
Contributor address; City; State; Zip Code Spring Branch, TX 78070-6044		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crise, Stephanie (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code McKinney, TX 75070-5107		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross, Jennifer (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Frisco, TX 75036-2963		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curd, Craig (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77024-2401		
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: 13/69 Rpt: 16/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, Andrew (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75503-3013	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutbirth, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76710-2908	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.) <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078-7611	Amount of Contribution (\$) \$39.20
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.) <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078-7611	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	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: 14/69 Rpt: 17/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Camie (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lubbock, TX 79413-5760	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Ryan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78745-6625	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Francys (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78731-2633	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Fuente Jr., Rene (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79936-5177	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Rosa Jr., Serapio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209-1764	
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: 15/69 Rpt: 18/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Santis, Rocco (Dr.) 6 Contributor address; City; State; Zip Code Kilgore, TX 75662-5950	7 Amount of Contribution (\$) \$20.90
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, D (Dr.) Contributor address; City; State; Zip Code Plano, TX 75075-6188	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreher, Joan (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78248-2330	Amount of Contribution (\$) \$22.54
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, John (Dr.) Contributor address; City; State; Zip Code Henderson, TX 75654-3980	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaddy, Daniel (Dr.) Contributor address; City; State; Zip Code Lakeway, TX 78734-5618	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: 16/69 Rpt: 19/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elrod, Scott (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566-5124	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel Jr., Adalberto (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mission, TX 78572-4348	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Edward (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77381-1155	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Daren (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78750-2280	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Rhonda (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79911-4000	
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: 17/69 Rpt: 20/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Cynthia (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77058-1525	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleitas, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78220-0698	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flosi, Caitlin (Dr.)	Amount of Contribution (\$) \$31.36
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-5020	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Claire (Dr.)	Amount of Contribution (\$) \$28.86
	Contributor address; City; State; Zip Code Austin, TX 78737-5504	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Jason (Dr.)	Amount of Contribution (\$) \$36.06
	Contributor address; City; State; Zip Code Austin, TX 78737-5504	
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: 18/69 Rpt: 21/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Allison (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75231-4264	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fray, David (Dr.)	Amount of Contribution (\$) \$24.11
	Contributor address; City; State; Zip Code Houston, TX 77054-2032	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furchtgott, Natasha (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79925-7618	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Noel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mission, TX 78572-3106	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gates, Paul (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664-3045	
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: 19/69 Rpt: 22/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gies, Lavoyger (Dr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78251-2811		
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Randal (Dr.)	Amount of Contribution (\$) \$31.86
Contributor address; City; State; Zip Code Sugar Land, TX 77478-3450		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glennon, John (Dr.)	Amount of Contribution (\$) \$36.06
Contributor address; City; State; Zip Code Austin, TX 78756-2537		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goehring, Dennis (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78745-1603		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Marshal (Dr.)	Amount of Contribution (\$) \$27.80
Contributor address; City; State; Zip Code Dallas, TX 75230-3122		
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: 20/69 Rpt: 23/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Lauren (Dr.)	7 Amount of Contribution (\$) \$30.86
	6 Contributor address; City; State; Zip Code Crosby, TX 77532-5753	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Elizabeth (Dr.)	Amount of Contribution (\$) \$34.62
	Contributor address; City; State; Zip Code McKinney, TX 75069-3385	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Kenneth (Dr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6298	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Demetrio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1905	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Iven (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79938-4647	
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: 21/69 Rpt: 24/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Cody (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Goldthwaite, TX 76844-0690	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, J. Brian (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Eric (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79922-2112	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Glen (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Abilene, TX 79605-6224	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Darian (Dr.)	Amount of Contribution (\$) \$24.47
	Contributor address; City; State; Zip Code Irving, TX 75063-3456	
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: 22/69 Rpt: 25/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardee, Clinton (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Amarillo, TX 79119-6406	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargis, T (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75601-4738	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Dana (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78216-3055	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Jana (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75024-3264	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatfield Jr., Lawrence (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code La Grange, TX 78945-1926	
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: 23/69 Rpt: 26/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Richard (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Carrollton, TX 75010-1021	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Shad (Dr.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Plano, TX 75074-5846	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haug, Gloria (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Gonzales, TX 78629-4034	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Annalisa (Dr.)	Amount of Contribution (\$) \$18.90
	Contributor address; City; State; Zip Code Austin, TX 78748-5704	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Matthew (Dr.)	Amount of Contribution (\$) \$22.69
	Contributor address; City; State; Zip Code Austin, TX 78748-5704	
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: 24/69 Rpt: 27/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Stanton (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602-5121	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Angelo, TX 76904-6919	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez Jr., Fred (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Palestine, TX 75801-4523	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heuszel, Harold (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77077-6866	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildebrand, Brody (Dr.)	Amount of Contribution (\$)
	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: 25/69 Rpt: 28/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ron (Dr.)	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027-6038	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinds, Dena (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Waco, TX 76712-3866	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.)	Amount of Contribution (\$) \$187.10
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hochstein, Brian (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75227-8603	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holcomb, Joseph (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Crockett, TX 75835-1800	
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: 26/69 Rpt: 29/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollinger, Samantha (Dr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78762-6350	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Darin (Dr.)	Amount of Contribution (\$) \$29.86
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-4444	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Mark (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Garden Ridge, TX 78266-2516	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howze, Garrett (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Waxahachie, TX 75165-7413	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howze, Kent (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Waxahachie, TX 75165-9192	
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: 27/69 Rpt: 30/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, James (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-1132	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman Jr., Thomas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77024-1135	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Issa-Abbas, Tam (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78238-1454	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Ross (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McKinney, TX 75071-4415	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Harmon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76013-2543	
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: 28/69 Rpt: 31/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Laji (Dr.) 6 Contributor address; City; State; Zip Code Houston, TX 77082-2456	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janssen, Dustin (Dr.) Contributor address; City; State; Zip Code Lubbock, TX 79424-5315	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kerry (Dr.) Contributor address; City; State; Zip Code Cypress, TX 77433-5337	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Blake (Dr.) Contributor address; City; State; Zip Code Lubbock, TX 79423-3923	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Varun (Dr.) Contributor address; City; State; Zip Code McKinney, TX 75071-2583	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: 29/69 Rpt: 32/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaviani, Kevin (Dr.)	7 Amount of Contribution (\$) \$31.86
	6 Contributor address; City; State; Zip Code Houston, TX 77024-6049	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley Jr., John (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-7678	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelp, John (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6458	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Iii III, Paul (Dr.)	Amount of Contribution (\$) \$20.69
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2734	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khosla, Sanjeev (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77055-6041	
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: 30/69 Rpt: 33/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkeri, Neeraja (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75225-4824	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, H. Chu (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77027-3103	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.)	Amount of Contribution (\$) \$22.69
	Contributor address; City; State; Zip Code Austin, TX 78749-6522	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	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 01/11/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/69 Rpt: 34/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kines-McLeod, Gwendolyn (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Terrell, TX 75160-2549	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Traci (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Abilene, TX 79605-7029	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jacob (Dr.)	Amount of Contribution (\$) \$22.69
	Contributor address; City; State; Zip Code Tyler, TX 75703-6217	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Eric (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Jasper, TX 75951-4407	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koo, Heamo Steve (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77063-2320	
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: 32/69 Rpt: 35/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozelsky, Cherie (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Boerne, TX 78006-5962	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Kenneth (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78212-1905	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubecka, Nancy (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bay City, TX 77414-6104	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuna, Jennifer (Dr.)	Amount of Contribution (\$) \$22.54
	Contributor address; City; State; Zip Code San Antonio, TX 78222-4829	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Croix, Stanley (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6458	
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: 33/69 Rpt: 36/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Mastra V, Salvator (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75225-6524	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laborde, Elizabeth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-4106	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lassetter, Theresa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Woodway, TX 76712-3100	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Celeste (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75230-5634	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Ronald (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Colleyville, TX 76034-5905	
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: 34/69 Rpt: 37/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leedy, Robert (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79605-6330	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leever Jr., Donald (Dr.)	Amount of Contribution (\$) \$31.86
	Contributor address; City; State; Zip Code Houston, TX 77063-2028	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemke, Kelly (Dr.)	Amount of Contribution (\$) \$22.54
	Contributor address; City; State; Zip Code Shavano Park, TX 78249-2071	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Aaron (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mineral Wells, TX 76067-5450	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindt, Chadwick (Dr.)	Amount of Contribution (\$) \$19.19
	Contributor address; City; State; Zip Code Decatur, TX 76234-3721	
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: 35/69 Rpt: 38/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke III, Corbet (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Woodway, TX 76712-3477	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftin, Jennifer (Dr.)	Amount of Contribution (\$) \$20.69
	Contributor address; City; State; Zip Code Alice, TX 78332-3846	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loiselle, John (Dr.)	Amount of Contribution (\$) \$33.95
	Contributor address; City; State; Zip Code El Paso, TX 79912-1703	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonquist, Paul (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Farmers Branch, TX 75234-3561	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovelace, Teri (Dr.)	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Abilene, TX 79602-5473	
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: 36/69 Rpt: 39/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovering, James (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Hurst, TX 76054-3439	7 Amount of Contribution (\$) \$23.04
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77059-6450	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luquis-Aponte, Wilma (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-4806	Amount of Contribution (\$) \$28.06
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, James (Dr.) <hr/> Contributor address; City; State; Zip Code Longview, TX 75605-2948	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Nichole (Dr.) <hr/> Contributor address; City; State; Zip Code Manor, TX 78653-5455	Amount of Contribution (\$) \$22.69
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: 37/69 Rpt: 40/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maestas, Tanya Sue (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code El Paso, TX 79936-3628	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makins, Scott (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77054-2032	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Yvonne (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79936-6829	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Daniel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Decatur, TX 76234-3771	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marr, Karina (Dr.)	Amount of Contribution (\$) \$24.47
	Contributor address; City; State; Zip Code Dallas, TX 75218-3437	
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: 38/69 Rpt: 41/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Gregory (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Greenville, TX 75402-6309	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Richard (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lewisville, TX 75057-3628	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masera, Michael (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77096-3870	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	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 01/11/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/69 Rpt: 42/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melon, Jessette (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77006-2250	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnathon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79932-1233	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Rafael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78216-3553	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Jessica (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4015	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rockport, TX 78381-1329	
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: 40/69 Rpt: 43/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mobley, Megan (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6410	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moers-Walding, Emily (Dr.)	Amount of Contribution (\$) \$37.32
	Contributor address; City; State; Zip Code Houston, TX 77098-4011	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Juan (Dr.)	Amount of Contribution (\$) \$21.47
	Contributor address; City; State; Zip Code San Antonio, TX 78222-3531	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Marty (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78752-3745	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moossy, James (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78756-3406	
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: 41/69 Rpt: 44/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Amy (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79606-8432	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Spring, TX 77379-6547	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, Scott (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Kayla (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75703-6111	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, Brian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77070-6208	
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: 42/69 Rpt: 45/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mukherji, Partha (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76131-2405	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nason, Leslie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76102-3712	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ne, Rita (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75229-6316	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Howard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034-6816	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Shelby (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-3355	
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: 43/69 Rpt: 46/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Helena (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75206-5400	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Nicholas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75206-5400	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) New, Jason (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clifton, TX 76634-1144	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Minh (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Katy, TX 77494-2665	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando A. (Dr.)	Amount of Contribution (\$)
	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: 44/69 Rpt: 47/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nisnisan, Mary Jocelyn Elyse (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-8829	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nix, Jade (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76102-2363	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Joseph (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78216-6131	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunnally II, Charles (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75234-7712	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Kathy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bellaire, TX 77401-3122	
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: 45/69 Rpt: 48/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogletree, Lynette (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-5812	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliva, Octavio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Victoria, TX 77901-5082	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortegon, Sergio (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4539	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Roger (Dr.)	Amount of Contribution (\$) \$39.76
	Contributor address; City; State; Zip Code El Paso, TX 79911-7208	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Terry (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4119	
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: 46/69 Rpt: 49/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda (Dr.) 6 Contributor address; City; State; Zip Code Houston, TX 77007-2286	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda (Dr.) Contributor address; City; State; Zip Code Houston, TX 77007-2286	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacheco Jr., Tony (Dr.) Contributor address; City; State; Zip Code Austin, TX 78759-7812	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pahlon, Kali (Dr.) Contributor address; City; State; Zip Code Josephine, TX 75189-6062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, C Steve (Dr.) Contributor address; City; State; Zip Code Austin, TX 78752-3733	Amount of Contribution (\$) \$25.00
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: 47/69 Rpt: 50/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Melinda (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Denison, TX 75020-7245	7 Amount of Contribution (\$) \$34.62
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78734-2020	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jane (Dr.) <hr/> Contributor address; City; State; Zip Code Waco, TX 76712-4064	Amount of Contribution (\$) \$27.76
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrott, Kelcey (Dr.) <hr/> Contributor address; City; State; Zip Code Midland, TX 79701-4116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Brendon (Dr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-1551	Amount of Contribution (\$) \$20.61
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: 48/69 Rpt: 51/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Edgar (Dr.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79925-6706	7 Amount of Contribution (\$) \$32.70
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Paul (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3050	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77040-5795	Amount of Contribution (\$) \$24.11
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Mary (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4968	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Aidan (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75074-0051	Amount of Contribution (\$) \$21.86
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: 49/69 Rpt: 52/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, ThanhHang (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77095-2884	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.)	Amount of Contribution (\$) \$32.36
	Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philipps, Laura (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Midland, TX 79701-5845	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips III, William (Dr.)	Amount of Contribution (\$) \$24.47
	Contributor address; City; State; Zip Code Dallas, TX 75225-6301	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picot, Bradford (Dr.)	Amount of Contribution (\$) \$16.66
	Contributor address; City; State; Zip Code Dallas, TX 75219	
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: 50/69 Rpt: 53/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pirtle, Jordan (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Brownsville, TX 78521-3644	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitarra, Sarah (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-4439	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plocheck, Janell (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4111	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Westworth Village, TX 76114-4106	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78258-4152	
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: 51/69 Rpt: 54/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Richard (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Helotes, TX 78023-4522	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Gilbert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Porter, TX 77365-6141	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugao, Reo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79928-8114	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdy, John Martin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79925-6794	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raina, Ankoo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Grapevine, TX 76092-3333	
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: 52/69 Rpt: 55/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Michael Andrew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75205	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Rafael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78240-1510	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashall, Gregory (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Liberty, TX 77575	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathke, Bryan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Huntsville, TX 77340-7316	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Danielle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77584-8410	
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: 53/69 Rpt: 56/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Holly (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lubbock, TX 79424-7361	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Shane (Dr.)	Amount of Contribution (\$) \$27.17
	Contributor address; City; State; Zip Code Prosper, TX 75078-8467	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Brad (Dr.)	Amount of Contribution (\$) \$86.51
	Contributor address; City; State; Zip Code Kerrville, TX 78028-5965	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Claudia (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Brownsville, TX 78521-3644	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Amos (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-1529	
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: 54/69 Rpt: 57/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothe, Annie (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209-5615	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouch, Barry (Dr.)	Amount of Contribution (\$) \$29.86
	Contributor address; City; State; Zip Code Austin, TX 78759-4013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, Jeff (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Irving, TX 75062-2881	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadler, Myles (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)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sainju, Puja (Dr.)	Amount of Contribution (\$) \$21.86
	Contributor address; City; State; Zip Code Plano, TX 75024-8502	
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: 55/69 Rpt: 58/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Laura (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cypress, TX 77433	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Christopher (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249-3482	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Zachary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mc Gregor, TX 76657-3470	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz-Dabney, Carina (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Irving, TX 75038-5948	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Micheal (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lubbock, TX 79424-0803	
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: 56/69 Rpt: 59/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seely, Kristen (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75230-6123	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sehnert, Phillip (Dr.)	Amount of Contribution (\$) \$28.70
	Contributor address; City; State; Zip Code Lewisville, TX 75057-3628	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidler, Daryl (Dr.)	Amount of Contribution (\$) \$24.47
	Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2129	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sentlingar, Jill (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Prosper, TX 75078-8605	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Sunil (Dr.)	Amount of Contribution (\$) \$22.69
	Contributor address; City; State; Zip Code Austin, TX 78759-8935	
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: 57/69 Rpt: 60/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharaf, Ahmed (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78758-0052	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Arthur (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Angelo, TX 76901-5214	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shell, Jeffrey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6493	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Benjamin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79936-8040	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Patricia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75206-7951	
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: 58/69 Rpt: 61/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Harold (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-4122	7 Amount of Contribution (\$) \$24.47
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Timothy (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-2863	Amount of Contribution (\$) \$20.90
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpton, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-1715	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Kimberly (Dr.) <hr/> Contributor address; City; State; Zip Code Yorktown, TX 78164-5357	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carmen (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-3564	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: 59/69 Rpt: 62/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speck, Rachel (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098-1919	7 Amount of Contribution (\$) \$95.71
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Clayton (Dr.) <hr/> Contributor address; City; State; Zip Code Paris, TX 75460-5715	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperry, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Elizabeth (Dr.) <hr/> Contributor address; City; State; Zip Code Gatesville, TX 76528-1029	Amount of Contribution (\$) \$21.26
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stampe, Melody (Dr.) <hr/> Contributor address; City; State; Zip Code Sachse, TX 75048-1949	Amount of Contribution (\$) \$31.36
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: 60/69 Rpt: 63/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansbury, Audrey (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Highland Village, TX 75077-3043	7 Amount of Contribution (\$) \$31.36
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, James (Dr.) <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019-2008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stehling, Will (Dr.) <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624-4437	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-1748	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stocker, Martin (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-1320	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: 61/69 Rpt: 64/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Colton (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lubbock, TX 79413-5143	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/11/2024	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 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szczerba, Mark (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76310-1407	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tahbaz, Amirali (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78727-4609	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78503-1793	
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: 62/69 Rpt: 65/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teja, Mehboob (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Angelo, TX 76904-6919	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thiel, Gregory (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704-7908	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410-4545	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Michelle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77025-3508	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Ryan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McKinney, TX 75072-2737	
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: 63/69 Rpt: 66/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Scott (Dr.)	7 Amount of Contribution (\$) \$18.21
	6 Contributor address; City; State; Zip Code Plano, TX 75023-7934	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thusu, Akshay (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78238-2344	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiefenbach, Maria (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-5372	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Brandi (Dr.)	Amount of Contribution (\$) \$21.47
	Contributor address; City; State; Zip Code El Paso, TX 79912-4678	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trieu, Quynh-Chi (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75230-5634	
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: 64/69 Rpt: 67/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tye, Christopher (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Colleyville, TX 76034-6289	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ure, Derid (Dr.)	Amount of Contribution (\$) \$28.66
	Contributor address; City; State; Zip Code Lubbock, TX 79424-5041	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uriegas, Melissa (Dr.)	Amount of Contribution (\$) \$23.13
	Contributor address; City; State; Zip Code Harlingen, TX 78552-9055	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentini, Alicia (Dr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Houston, TX 77007-2516	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderbrook, Drew (Dr.)	Amount of Contribution (\$) \$24.47
	Contributor address; City; State; Zip Code Dallas, TX 75214-2367	
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: 65/69 Rpt: 68/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanwart-Noblett, Sherry (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-1433	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Aaron (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-1300	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vo, Calvin (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77095-2884	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Jonathan (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204-1500	Amount of Contribution (\$) \$37.95
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wambaugh, William (Dr.) <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77381-4903	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: 66/69 Rpt: 69/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Guadalupe (Dr.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902-1526	7 Amount of Contribution (\$) \$39.76
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wear, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76116-8120	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Carl (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-3225	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedon, Kyle (Dr.) <hr/> Contributor address; City; State; Zip Code Mineola, TX 75773-2029	Amount of Contribution (\$) \$22.69
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6061	Amount of Contribution (\$) \$50.00
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: 67/69 Rpt: 70/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Joshua (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75024-4335	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Kenneth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Anna, TX 75409-5539	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams Jr., Claude (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75229-2936	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Blake (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75214-0969	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winarick, Wendy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76710-2964	
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: 68/69 Rpt: 71/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Mark (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Waco, TX 76710-2920	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Wayne (Dr.)	Amount of Contribution (\$) \$32.26
	Contributor address; City; State; Zip Code Dallas, TX 75230-2050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.)	Amount of Contribution (\$) \$24.69
	Contributor address; City; State; Zip Code Comfort, TX 78013-3705	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynkoop, Bonita (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77019-5712	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Nathan (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605-2948	
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: 69/69 Rpt: 72/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, David (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code El Paso, TX 79925-7618	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Benjamin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229-3410	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zambon Fagundes, Daniela (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mansfield, TX 76063-7841	
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: 73/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/01/2024	5 Corporation / Labor Organization name Texas Dental Association	6 Amount (\$) 13,572.30

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 74/75	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/25/2024	5 Payee name Liz Campos Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1028 Rigsby San Antonio, TX 78210	
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

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: 75/75
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/01/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$138.75
	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