FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 74 00015960 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Dental Association Political Action Committee Date Received **ELECTRONICALLY FILED** 03/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1946 S IH35 Ste 400 Change of Address Austin, TX 78704-3644 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Dr. Daniel NAME Date Processed **NICKNAME SUFFIX** LAST O'Dell Date Imaged CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1946 S IH35 Ste 400 STREET **ADDRESS** (Residence or Business) Austin, TX 78704-3644 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1946 S IH35 Ste 400 MAILING **ADDRESS** Change of Address Austin, TX 78704-3644 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 443-3675 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Dental Association	on Political Action Com	ımittee		000159	60
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		A Comparted			
	Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION	1. TOTAL UNITEMIZE	D POLITICAL CONTE	RIBUTIONS (OTHER THAN	<u> </u>	
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES (MADE ELECTRONIC)	OF LOANS, OR ALLY)	\$	0.00
	2. TOTAL POLITICA				
	(OTHER THAN PLEI	DGES, LOANS, OR (GUARANTEES OF LOANS)	\$	25,808.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPEN	NDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURE	S	\$	56,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		AINTAINED AS OF THE LAST	DAY \$	1,899,478.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE		UTSTANDING LOANS AS OF D	THE \$	0.00
6 AFFIDAVIT	I			<u> </u>	
		true ai	ar, or affirm, under penalty of pend nd correct and includes all infor Title 15, Election Code.	erjury, that th mation requ	ne accompanying report is ired to be reported by me
			Dr. Dar	niel O'Dell	
			Signature of Ca		ocuror
			Signature of Ca	impaign mea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, t	his the	day
of	, 20, to certify v	which, witness my ha	and and seal of office.		
Signature of officer add	ministering oath	Printed name of office	cer administering oath	Title of o	officer administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

				3 of 74
17 COMMITTI	EE NAME	18 Filer ID	(Ethics Co	mmission Filers)
Texas De	ntal Association Political Action Committee	00015960		
	E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,236.53
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	13,572.30
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	56,250.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	10,138.62

	MONEI	ARY POLITICAL CONTRIBUTIONS	SCHEDULE	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/49 Rpt: 4/74		
2	FILER NAME Texas Denta	I Association Political Action Committee	3 Filer ID (Ethics Commission 00015960	Filers)	
4	Date 02/05/2024	 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)	\$100.00	
8	Principal occu Dentist	Dripping Springs, TX 78620-4576 Dation / Job title (See Instructions) 9 Employ	yer (See Instructions)		
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#: Adair, Laura (Dr.) Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4576	Amount of Contribution (\$)	\$100.00	
	Principal occu Dentist	·····	yer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Addington, Danny (Dr.) Contributor address; City; State; Zip Code) Amount of Contribution (\$)	\$22.30	
	Principal occu	Atlanta, TX 75551-2625 Dation / Job title (See Instructions) Employ	oyer (See Instructions)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:Adkins, Jay (Dr.) Contributor address; City; State; Zip Code		\$120.00	
	Principal occu Dentist	Lubbock, TX 79414-5834 pation / Job title (See Instructions) Employ	yer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Agnero, Fanny (Dr.) Contributor address; City; State; Zip Code Edinburg, TX 78539-0244		\$1.71	
	Principal occu Dentist		yer (See Instructions)		
		•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/49 Rpt: 5/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$33.95
_		Horizon City, TX 79928-5342				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Alvarez, Jose (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Deinsinal assu	El Paso, TX 79935-3013				
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor)		Amount of Contribution (\$)	\$24.65
		Cypress, TX 77433-7176				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Anderton, Xochitl (Dr.) Contributor address; City; State; Zip Code Post, TX 79356-3234			Amount of Contribution (\$)	\$21.83
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Arnold, Erin (Dr.) Contributor address; City; State; Zip Code Austin, TX 78731-2901)		Amount of Contribution (\$)	\$18.90
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
		,				

N	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
Т	he Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/49 Rpt: 6/74	
	ILER NAME				3	Filer ID (Ethics Commission	n Filers)
Т	exas Denta	l Association Political Action	Committee			00015960	
	ate 2/13/2024	5 Full name of contributor Awtrey, Adam (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Abilene, TX 79601-3851					
	rincipal occu entist	pation / Job title (See Instructions	s) <u> </u>	9 Employer (See Instructions	s)		
D	ate	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	2/12/2024	Azarnoush, Kaveh (Dr.)		/		(+)	\$21.14
		Contributor address; City; S	tate; Zip Code				,
		Georgetown, TX 78628-2	099				
	rincipal occu entist	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
D	ate	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
0	2/12/2024	Banks, John (Dr.)					\$20.69
		Contributor address; City; Si Amarillo, TX 79109-4145	iale, Zip Code				
	rincipal occu entist	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
D	ate	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
0	2/12/2024	Bass, Stephen (Dr.)	_				\$23.16
		Contributor address; City; Si Plano, TX 75093-6405			•		
	rincipal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
					_		
	ate 2/12/2024	Full name of contributor Batarse, Allison (Dr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$19.14
		Contributor address; City; S	tate; Zip Code				
		Houston, TX 77042-1523					
	rincipal occu entist	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/49 Rpt: 7/74	
2	FILER NAME Texas Denta	l Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-state PAC (ID#:_Baucum, Darryl (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$32.29
8	Principal occu	Driftwood, TX 78619-4497 pation / Job title (See Instructions)	9 Employer (See Instructions	.)		
_	Dentist	Salion / Sob title (See Instructions)	5 Employer (See Instructions	') 		
	Date 02/12/2024	Full name of contributor uut-of-state PAC (ID#: Belean, Pompilia (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$22.69
	Dringinal occu	Austin, TX 78737-2805 pation / Job title (See Instructions)	Employer (See Instructions			
	Dentist	Jalion / Job title (See Instructions)	Employer (See instructions	')		
	Date 02/12/2024	Full name of contributor)		Amount of Contribution (\$)	\$22.75
		Austin, TX 78737-2805				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Bellingham, Nicole (Dr.) Contributor address; City; State; Zip Code Flower Mound, TX 75028-7339			Amount of Contribution (\$)	\$21.86
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/49 Rpt: 8/74	
2	FILER NAME Texas Denta	Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-state PAC (ID#:_Blackmond, Heather (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$18.78
		San Antonio, TX 78232-3941				
8	Principal occur Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/12/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$24.65
	Principal occu	Houston, TX 77060-1307 pation / Job title (See Instructions)	Employer (See Instructions)		
	Dentist					
	Date 02/12/2024	Full name of contributor uut-of-state PAC (ID#: Bourquein, Robert (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$18.58
		Fredericksburg, TX 78624-3918				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_Britton, John (Dr.) Contributor address; City; State; Zip Code Laredo, TX 78041-6903			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
		,				

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/49 Rpt: 9/74	
2	FILER NAME Texas Denta	l Association Political Action C	ommittee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	5 Full name of contributor Brumbaugh, Robert (Dr.)6 Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code		7	Amount of Contribution (\$)	\$27.80
		Dallas, TX 75205-4176					
8	Principal occu Dentist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor Brumbaugh, Robert (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$30.60
	Principal occu	Dallas, TX 75205-4176 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Dentist	,			,		
	Date 02/20/2024	Full name of contributor Bruyere, Barry (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$100.00
		Longview, TX 75605-4463					
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor Buckley, George (Dr.) Contributor address; City; Sta Houston, TX 77025-1057	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$39.79
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor Calogero, Yoneida (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.69
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	;)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/49 Rpt: 10/74	
2	FILER NAME Texas Denta	l Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.69
_	B	Alice, TX 78332-4188				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Canzoneri, Teresa (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$21.61
	Deinsinal sass	Beaumont, TX 77706-6014		_		
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#: Canzoneri, Teresa (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$21.61
		Beaumont, TX 77706-6014				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Cardenas, Omel (Dr.) Contributor address; City; State; Zip Code Harlingen, TX 78550-8349)		Amount of Contribution (\$)	\$20.54
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#:_Carey, Deborah (Dr.) Contributor address; City; State; Zip Code Houston, TX 77084-3597)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	complete this forn	n.	1	Total pages Schedule A1: Sch: 8/49 Rpt: 11/74	
2	FILER NAME Texas Denta	I Association Political Action Comm	nittee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.54
		Mission, TX 78572-6049					
8	Principal occu Dentist	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor on the contributor of contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$32.67
	Principal occu	Flower Mound, TX 75028-1300 pation / Job title (See Instructions)		Employer (See Instructions	()		
	Dentist				,		
	Date 02/08/2024	Full name of contributor on the contributor on the contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78756-3331					
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor on the contributor on the contributor address; City; State; Z Socorro, TX 79927-3536	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.49
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 02/12/2024	Full name of contributor on Chong, Sonia (Dr.) Contributor address; City; State; Z Socorro, TX 79927-3536	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.49
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/49 Rpt: 12/74	
2	FILER NAME Texas Denta	l Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/11/2024	 Full name of contributor out-of-state PAC (ID#: Clitheroe, R. Lee (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$120.00
_	B	Sugar Land, TX 77478-5358				
8	Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#: Cochran, Bradley (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Denver City, TX 79323-3101 pation / Job title (See Instructions)	Employer (See Instructions)		
	Dentist	Salion 7 665 title (See instituctions)	Employer (See manuchons			
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Conley, Emily (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$22.75
		Georgetown, TX 78628-2099				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#: Cooley, Ralph A. (Dr.) Contributor address; City; State; Zip Code Houston, TX 77054			Amount of Contribution (\$)	\$120.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#: Cooper, Marylin (Dr.) Contributor address; City; State; Zip Code Seguin, TX 78155-3235			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/49 Rpt: 13/74	
2	FILER NAME Texas Denta	l Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$33.09
8	Principal occu	Spring Branch, TX 78070-6044 pation / Job title (See Instructions)	Employer (See Instructions)		
_	Dentist			,		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Danna, Jodi (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$39.20
	Dringinal occu	Prosper, TX 75078-7611 pation / Job title (See Instructions)	Employer (See Instructions			
	Dentist Dentist	Jalion 7 Job title (See instructions)	Employer (See instructions)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#: Danna, Jodi (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Prosper, TX 75078-7611				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Davis, Camie (Dr.) Contributor address; City; State; Zip Code Lubbock, TX 79413-5760			Amount of Contribution (\$)	\$21.83
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/49 Rpt: 14/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	Filers)
4	Date 02/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$28.16
•	Dringing con	El Paso, TX 79936-8610	D. Employer (See Instructions			
8	Dentist Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Davis, Yvette (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.74
	<u> </u>	El Paso, TX 79936-8610				
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Day, Francys (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$32.29
		Austin, TX 78731-2633				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: De La Fuente Jr., Rene (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79936-5177			Amount of Contribution (\$)	\$22.30
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ De Santis, Rocco (Dr.) Contributor address; City; State; Zip Code Kilgore, TX 75662-5950			Amount of Contribution (\$)	\$20.90
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	()		
		1				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A		
	The Instru	ction Guide explains how to complete this for	n.	1	Total pages Schedule A1: Sch: 12/49 Rpt: 15/74	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Texas Denta	l Association Political Action Committee			00015960	
4	Date 02/12/2024	5 Full name of contributor out-of-state PAC (ID#: Dreher, Joan (Dr.))	7	Amount of Contribution (\$)	\$22.56
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78248-2330				
8	Principal occu Dentist	pation / Job title (See Instructions) 9	Employer (See Instructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/13/2024	Dyer, Bret (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Sugar Land, TX 77479-3129				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	02/21/2024	Edgin, Wendell (Dr.)				\$100.00
		Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015-4428				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/31/2024	Ehsani, Sara (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Garland, TX 75041-5834				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024	Flanagan, Cynthia (Dr.)				\$35.29
		Contributor address; City; State; Zip Code				
		Houston, TX 77058-1525				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 13/49 Rpt: 16/74	
2	FILER NAME Texas Denta	Association Political Action Committee			3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-state Flosi, Caitlin (Dr.) Contributor address; City; State; Zip Code 	e PAC (ID#:)	7	Amount of Contribution (\$)	\$34.54
		Fort Worth, TX 76107-5020					
8	Principal occu Dentist	oation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state Foreman, Claire (Dr.) Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$21.14
	Principal occu	Austin, TX 78737-5504 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 02/12/2024	Full name of contributor out-of-state Foreman, Jason (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$36.06
	Principal occu	Austin, TX 78737-5504 pation / Job title (See Instructions)		Employer (See Instructions	(;)		
	Dentist	sation, oob title (See Instructions)		Employer (See mondene)	')		
	Date 02/12/2024	Fray, David (Dr.))		Amount of Contribution (\$)	\$24.65
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/13/2024	Furney, Suzan (Dr.))		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBI	UTIONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 14/49 Rpt: 17/74			
2	FILER NAME Texas Denta	l Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960			
4	Date 02/13/2024	 Full name of contributor out-of-state PA Gardner, Gary (Dr.) Contributor address; City; State; Zip Code 	,	7 Amount of Contribution (\$) \$100.00			
		College Station, TX 77845-1415					
8	Principal occu Dentist	oation / Job title (See Instructions)	9 Employer (See Instructions	ons)			
	Date 02/06/2024	Full name of contributor out-of-state PAGarza Jr., Simon (Dr.) Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$)			
	Principal occu	Austin, TX 78739-1676 pation / Job title (See Instructions)	Employer (See Instructions	ons)			
	Date 02/05/2024	Full name of contributor out-of-state PA Giesler, Lanny (Dr.) Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$100.00			
	Principal occu	Atlanta, TX 75551-3402 pation / Job title (See Instructions)	Employer (See Instructions	ons)			
	Dentist			, 			
	Date 02/12/2024	Full name of contributor out-of-state PA Glenn, Randal (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478-3450	AC (ID#:)	Amount of Contribution (\$) \$35.29			
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	ons)			
	Date 02/12/2024	Full name of contributor out-of-state PAGlennon, John (Dr.) Contributor address; City; State; Zip Code Austin, TX 78756-2537	AC (ID#:)	Amount of Contribution (\$) \$36.06			
	Principal occu Dentist	oation / Job title (See Instructions)	Employer (See Instructions	ns)			
			1				

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this form	n.	1	Total pages Schedule A1: Sch: 15/49 Rpt: 18/74	
2	FILER NAME Texas Denta	Association Political Action Committee			3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-state of coldberg, Marshal (Dr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$30.60
		Dallas, TX 75230-3122					
8	Principal occu Dentist	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state Golden, Lauren (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$19.14
	Principal occu	Crosby, TX 77532-5753 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Dentist						
	Date 02/12/2024	Full name of contributor out-of-state Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$34.62
		McKinney, TX 75069-3385					
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/11/2024	Full name of contributor out-of-state Graham, Robert Wesley (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78217-4659				Amount of Contribution (\$)	\$200.00
	Principal occu Dentist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state Graves, Cody (Dr.) Contributor address; City; State; Zip Code Goldthwaite, TX 76844-0690				Amount of Contribution (\$)	\$21.26
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	s)		

2 FILER NAME	iation Political Action name of contributor en, J. Brian (Dr.) tributor address; City; S bock, TX 79424 Job title (See Instruction name of contributor fey, Clara (Dr.) tributor address; City; S	out-of-state PAC (ID#:)	7	Total pages Schedule A1: Sch: 16/49 Rpt: 19/74 Filer ID (Ethics Commission 00015960 Amount of Contribution (\$)	\$10.00
Texas Dental Associa 4 Date	name of contributor en, J. Brian (Dr.) tributor address; City; S bock, TX 79424 Job title (See Instruction name of contributor fey, Clara (Dr.) tributor address; City; S	out-of-state PAC (ID#:	9 Employer (See Instruct	7	00015960 Amount of Contribution (\$)	\$10.00
4 Date 02/11/2024 Gree 6 Cont 8 Principal occupation / 3 Dentist Cont Principal occupation / 3 Dentist Date 01/26/2024 Griff Cont Vac Principal occupation / 3 Dentist Date 02/12/2024 Han Cont Principal occupation / 3 Dentist Date Full occupation / 3 Dentist Principal occupation / 3 Dentist Date Full occupation / 3 Dentist	name of contributor en, J. Brian (Dr.) tributor address; City; S bock, TX 79424 Job title (See Instruction name of contributor fey, Clara (Dr.) tributor address; City; S	out-of-state PAC (ID#:	9 Employer (See Instruct		Amount of Contribution (\$)	
Date	en, J. Brian (Dr.) tributor address; City; S bock, TX 79424 Job title (See Instruction name of contributor fey, Clara (Dr.) tributor address; City; S co, TX 76707-2702	State; Zip Code IS) Out-of-state PAC (ID#:_ State; Zip Code	9 Employer (See Instruct			\$10.00 \$100.00
8 Principal occupation / 3 Dentist Date Full (01/26/2024 Griff) Continuous Principal occupation / 3 Dentist Date Full (02/12/2024 Han Continuous Principal occupation / 3 Dentist Principal occupation / 3 Dentist Date Full (02/12/2024 Full (03/12/2024 Full (04/12/2024 Full (05/12/2024 Full	name of contributor fey, Clara (Dr.) tributor address; City; S	out-of-state PAC (ID#:_)	tions)	Amount of Contribution (\$)	\$100.00
Dentist Date Full 01/26/2024 Griff Cont Wac Principal occupation / J Dentist Date Full 02/12/2024 Han Cont Irvin Principal occupation / J Dentist Date Full Full	name of contributor fey, Clara (Dr.) tributor address; City; S	out-of-state PAC (ID#:_)	tions)	Amount of Contribution (\$)	\$100.00
O1/26/2024 Griff Cont Wac Principal occupation / 3 Dentist Date Full O2/12/2024 Han Cont Irvin Principal occupation / 3 Dentist Date Full Frincipal occupation / 3	fey, Clara (Dr.) tributor address; City; S	State; Zip Code			Amount of Contribution (\$)	\$100.00
Principal occupation / 3 Dentist Date Full occupation / 3 02/12/2024 Han Conf Irvin Principal occupation / 3 Dentist Date Full occupation / 3		us)				
Dentist Date Full of O2/12/2024 Han Continuous Principal occupation / 3 Dentist Date Full of O2/12/2024 Han Continuous Principal occupation / 3 Dentist	Job title (See Instruction	ıs)				
O2/12/2024 Han Cont Irvin Principal occupation / 3 Dentist Date Full		,	Employer (See Instruct	tions)		
Principal occupation / 3 Dentist Date Full	name of contributor npton, Darian (Dr.) tributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.13
Dentist Date Full	ng, TX 75063-3456					
l	Job title (See Instruction	as)	Employer (See Instruct	tions)		
Cont	name of contributor taway, Shad (Dr.) tributor address; City; S				Amount of Contribution (\$)	\$15.00
	Job title (See Instruction	ns)	Employer (See Instruct	tions)		
02/14/2024 Hea	name of contributor ard III, Rick (Dr.) tributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
Principal occupation / J Dentist	oria, TX 77904-1770	is)	Employer (See Instruct	tions)		

2 FILER NAME Texas Dental Associa 4 Date 02/12/2024 Floor 6 Contr Hous 8 Principal occupation / Jo Dentist Date 02/12/2024 Full n Austi Principal occupation / Jo Dentist Date Contr Austi Principal occupation / Jo Austi	uide explains how ation Political Action Coname of contributor ert-Schoener, Stacy (Explain of the contributor address; City; Stateston, TX 77096-3737 ob title (See Instructions) mame of contributor k, Annalisa (Dr.) ributor address; City; Stateston, TX 78748-5704 ob title (See Instructions)	Committee out-of-state PAC (ID#:_ Dr.) ate; Zip Code out-of-state PAC (ID#:_ ate; Zip Code	9 Employer (See Instruction	3 7	Total pages Schedule A1: Sch: 17/49 Rpt: 20/74 Filer ID (Ethics Commission 00015960 Amount of Contribution (\$) Amount of Contribution (\$)	\$24.65
Texas Dental Associa 4 Date	name of contributor ert-Schoener, Stacy (Erributor address; City; Stateston, TX 77096-3737 ob title (See Instructions) name of contributor k, Annalisa (Dr.) ributor address; City; Stateston, TX 78748-5704 ob title (See Instructions)	out-of-state PAC (ID#:_ Dr.) ate; Zip Code out-of-state PAC (ID#:_ ate; Zip Code	9 Employer (See Instruction	7)	00015960 Amount of Contribution (\$)	\$24.65
02/12/2024 Hebe 6 Contr House 8 Principal occupation / Journal Date Full in 02/12/2024 Heck Contr Principal occupation / Journal Dentist Date Full in Austi Principal occupation / Journal Contr Austi Principal occupation / Journal Contr Austi	ert-Schoener, Stacy (Eributor address; City; Staston, TX 77096-3737 ob title (See Instructions) name of contributor k, Annalisa (Dr.) ributor address; City; Statin, TX 78748-5704 ob title (See Instructions)	or.) ate; Zip Code out-of-state PAC (ID#:_ate; Zip Code	9 Employer (See Instruction	ons)		
8 Principal occupation / Jo Dentist Date Full n 02/12/2024 Heck Contr Principal occupation / Jo Dentist Date Full n 02/12/2024 Heck Contr Austi Principal occupation / Jo Contr	name of contributor k, Annalisa (Dr.) ributor address; City; Statin, TX 78748-5704 ob title (See Instructions)	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$18.90
Dentist Date Full n 02/12/2024 Heck Contr Austi Principal occupation / Jo Dentist Date Full n 02/12/2024 Heck Contr Austi Principal occupation / Jo Austi	name of contributor k, Annalisa (Dr.) ributor address; City; Sta tin, TX 78748-5704 ob title (See Instructions)	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$18.90
O2/12/2024 Heck Contr Austi Principal occupation / Jo Dentist Date Full n O2/12/2024 Heck Contr Austi	k, Annalisa (Dr.) ributor address; City; Sta tin, TX 78748-5704 ob title (See Instructions)	ate; Zip Code			Amount of Contribution (\$)	\$18.90
Principal occupation / Jo Dentist Date Full n 02/12/2024 Heck Contr Austi	ob title (See Instructions)		Employer (See Instruction	ons)		
Dentist Date Full n 02/12/2024 Heck Contr Austi			Employer (See Instruction	ons)		
02/12/2024 Heck Contr Austi	name of contributor					
Principal occupation / Jo	k, Matthew (Dr.) ributor address; City; Sta	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$22.75
	in, TX 78748-5704					
Dentist	ob title (See Instructions)		Employer (See Instruction	ons)		
02/11/2024 Hill, I Contr	name of contributor Ron (Dr.) ributor address; City; Sta				Amount of Contribution (\$)	\$120.00
	ob title (See Instructions))	Employer (See Instruction	ns)		
02/11/2024 Ho, [Contr	ributor address; City; Sta)		Amount of Contribution (\$)	\$187.10
	r, TX 77494 ob title (See Instructions))	Employer (See Instruction	ons)		

	MONET	ARY POLITICAL CONTRIBUTIO		E A1		
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/49 Rpt: 21/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-state PAC (ID#:_Holmes, Darin (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$32.29
_		Fredericksburg, TX 78624-4444				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#: Horwedel, Lindsey (Dr.) Contributor address; City; State; Zip Code Westworth Village, TX 76114-4056			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Hughes, James (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.90
		Tyler, TX 75703-1132	5 1 (0 1 : i			
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:Inman Jr., Thomas (Dr.) Contributor address; City; State; Zip Code Houston, TX 77024-1135			Amount of Contribution (\$)	\$30.85
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ Issa-Abbas, Tam (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78238-1454			Amount of Contribution (\$)	\$15.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO		E A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/49 Rpt: 22/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$22.54
		San Antonio, TX 78230-5469				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Jeffords, Leticia (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$22.56
	Principal occu	San Antonio, TX 78230-5469 pation / Job title (See Instructions)	Employer (See Instructions))		
	Dentist		p.oyo. (000ou uou uo	,		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Johnson, Matthew (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78722-2441				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_ Jolliff, Susan (Dr.) Contributor address; City; State; Zip Code Brady, TX 76825-0989			Amount of Contribution (\$)	\$500.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/30/2024	Full name of contributor out-of-state PAC (ID#:_Kaiser, Jina (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75225-5936			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	otal pages Schedule A1: ch: 20/49 Rpt: 23/74	
2	FILER NAME Texas Denta	Association Political Action Committee		1	ler ID (Ethics Commission 0015960	n Filers)
4	Date 02/14/2024	 Full name of contributor out-of-state PAC (ID Karim, Arif (Dr.) Contributor address; City; State; Zip Code 		7 Ar	mount of Contribution (\$)	\$100.00
		Austin, TX 78704-1694				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID Kaviani, Kevin (Dr.) Contributor address; City; State; Zip Code	#:)	Ar 	mount of Contribution (\$)	\$35.29
	Principal occu Dentist	Houston, TX 77024-6049 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID Kennedy, Iii III, Paul (Dr.) Contributor address; City; State; Zip Code	#:)	Ar	mount of Contribution (\$)	\$20.69
	Dringing occur	Corpus Christi, TX 78413-2734 pation / Job title (See Instructions)	Employer (See Instructions			
	Dentist	oation / Job title (See instructions)	Employer (See instructions	5)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID Kiesel, Donna (Dr.) Contributor address; City; State; Zip Code Coppell, TX 75019-9606	#:)	Ar 	mount of Contribution (\$)	\$24.47
	Principal occu Dentist	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID Kiesel, Donna (Dr.) Contributor address; City; State; Zip Code Coppell, TX 75019-9606	#:)	Ar 	mount of Contribution (\$)	\$25.13
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/49 Rpt: 24/74	
2	FILER NAME Texas Denta	l Association Political Action	Committee		3	Filer ID (Ethics Commission 00015960	Filers)
4	Date 02/12/2024	5 Full name of contributor Kimes, Jonathon (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$22.75
		Austin, TX 78749-6522					
8	Principal occu Dentist	pation / Job title (See Instructions	s)	9 Employer (See Instructions	S)		
	Date 02/11/2024	Full name of contributor Kimes, Jonathon (Dr.) Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78749-6522 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Dentist						
	Date 02/11/2024	Full name of contributor Kimes, Patricia (Dr.) Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$50.00
		Austin, TX 78738-5530					
	Principal occu Dentist	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 02/15/2024	Full name of contributor Kirby, Jacob (Dr.) Contributor address; City; S Tyler, TX 75703-6217)	•	Amount of Contribution (\$)	\$22.75
	Principal occu Dentist	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor Knox, Jamie (Dr.) Contributor address; City; S Garden Ridge, TX 78266				Amount of Contribution (\$)	\$22.54
	Principal occu Dentist	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>.</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/49 Rpt: 25/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	Filers)
4	Date 02/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$22.56
	Dringing Loon	Garden Ridge, TX 78266-6400) Employer (Coo Instructions			
8	Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: Koury, Philip (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Lake Jackson, TX 77566-5627				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Kuna, Jennifer (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$22.56
		San Antonio, TX 78222-4829				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:Laborde, Elizabeth (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-4106)		Amount of Contribution (\$)	\$28.35
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$37.14
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/49 Rpt: 26/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$187.10
_	<u> </u>	Colleyville, TX 76034-5905				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Leever Jr., Donald (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.29
	Dringinal occu	Houston, TX 77063-2028 pation / Job title (See Instructions)	Employer (See Instructions			
	Dentist	oalion7 300 title (See mstructions)	Employer (See Instructions	')		
	Date 02/12/2024	Full name of contributor)		Amount of Contribution (\$)	\$22.56
		Shavano Park, TX 78249-2071				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/01/2024	Full name of contributor out-of-state PAC (ID#:Lewis, Rodney (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75206-6107)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:Light, Candace (Dr.) Contributor address; City; State; Zip Code College Station, TX 77845-5956)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 24/49 Rpt: 27/74
2	FILER NAME Texas Denta	l Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4	Date 02/12/2024	 Full name of contributor		7 Amount of Contribution (\$) \$22.54
		San Antonio, TX 78212-1909		
8	Principal occu Dentist	oation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Date 02/12/2024	Full name of contributor out-of-state PAL Lindsey, Brandi (Dr.) Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$22.56
	Principal occu Dentist	San Antonio, TX 78212-1909 pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 02/12/2024	Full name of contributor out-of-state PAL Lindt, Chadwick (Dr.) Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (\$) \$19.19
		Decatur, TX 76234-3721 Dation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 02/12/2024	Full name of contributor out-of-state PALinger, Patricia (Dr.) Contributor address; City; State; Zip Code Humble, TX 77346-2943	AC (ID#:)	Amount of Contribution (\$) \$31.86
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 02/12/2024	Full name of contributor out-of-state PALinger, Patricia (Dr.) Contributor address; City; State; Zip Code Humble, TX 77346-2943	AC (ID#:)	Amount of Contribution (\$) \$35.29
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	; s)
			1	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/49 Rpt: 28/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	Filers)
4	Date 02/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.69
8	Principal occu	Alice, TX 78332-3846 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	Dentist	sation / Job title (See Instructions)	Employer (See manuchons	')		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Loiselle, John (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$33.95
		El Paso, TX 79912-1703				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Lopez, Diego (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$13.02
		San Antonio, TX 78254-4537				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:Lopez, Diego (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78254-4537)		Amount of Contribution (\$)	\$13.02
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Lovering, James (Dr.) Contributor address; City; State; Zip Code Hurst, TX 76054-3439			Amount of Contribution (\$)	\$23.22
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	()		
		1				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 26/49 Rpt: 29/74	
2	FILER NAME Texas Denta	l Association Political Action C	ommittee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	5 Full name of contributor Luquis-Aponte, Wilma (Dr.6 Contributor address; City; Sta	·)	7	Amount of Contribution (\$)	\$30.84
		El Paso, TX 79912-4806					
8	Principal occu Dentist	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor Madison, Nichole (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$22.75
	Principal occu	Manor, TX 78653-5455 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 02/07/2024	Full name of contributor Markham, Daniel (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
		Houston, TX 77019-2169 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 02/21/2024	Full name of contributor Marr, Karina (Dr.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.13
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
	Date 02/12/2024	Full name of contributor Marshall, Gregory (Dr.) Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$21.86
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 27/49 Rpt: 30/74	
2	FILER NAME Texas Denta	l Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/09/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
		League City, TX 77573-7786				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID Masters, Lisa B. (Dr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$120.00
	Principal occu Dentist	San Antonio, TX 78216-4361 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID Matta, Sukrita (Dr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Southlake, TX 76092-8843 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID McPhillips, Andrea (Dr.) Contributor address; City; State; Zip Code Stephenville, TX 76401-1850	<u> </u> #:)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID Meiners, Christina Marie (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78252	#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTR	RIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to comp	plete this forn	n.	1	Total pages Schedule A1: Sch: 28/49 Rpt: 31/74	
2	FILER NAME Texas Denta	l Association Political Action Committee	e		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-s out-of-s Mendoza, Johnathon (Dr.) Contributor address; City; State; Zip Co 	state PAC (ID#:		7	Amount of Contribution (\$)	\$23.72
		El Paso, TX 79932-1233					
8	Principal occu Dentist	oation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 02/12/2024	Mercado, Rafael (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$22.56
	Principal occu	San Antonio, TX 78216-3553 Dation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-s Meyers, Jessica (Dr.) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$35.29
	Principal occu	Bellaire, TX 77401-4015 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/30/2024	Miller, Charles (Dr.)	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-s Moers-Walding, Emily (Dr.) Contributor address; City; State; Zip Co Houston, TX 77098-4011	state PAC (ID#:)		Amount of Contribution (\$)	\$37.32
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			.				

	MONET	ARY POLITICAL CO	NTRIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 29/49 Rpt: 32/74	
2	FILER NAME Texas Denta	I Association Political Action Con	nmittee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	5 Full name of contributor Molina, Juan (Dr.)6 Contributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$24.64
		San Antonio, TX 78222-3531					
8	Principal occu Dentist	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 01/27/2024	Full name of contributor Morales, Felipe (Dr.) Contributor address; City; State;	Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78215-1274 pation / Job title (See Instructions)		Employer (See Instructions	j)		
	Date 02/12/2024	Full name of contributor Morris, Amy (Dr.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$22.80
_	Principal occu	Abilene, TX 79606-8432 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Dentist						
	Date 02/12/2024	Full name of contributor Morris, Michael (Dr.) Contributor address; City; State; Spring, TX 77379-6547	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$19.14
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/11/2024	Full name of contributor Morse, Scott (Dr.) Contributor address; City; State; Arlington, TX 76013	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$187.10
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	()		
			'				

	MONET	ARY POLITICAL CONT	RIBUTIONS			SCHEDULE	A1
	The Instru	ction Guide explains how to cor	mplete this form.		1	Total pages Schedule A1: Sch: 30/49 Rpt: 33/74	
2	FILER NAME Texas Denta	I Association Political Action Committ	ee		3	Filer ID (Ethics Commission 00015960	Filers)
4	Date 02/12/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$33.39
		Tyler, TX 75703-6111					
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Ei	nployer (See Instructions))		
	Date 02/12/2024	Full name of contributor out-o Moye, Brian (Dr.) Contributor address; City; State; Zip 0	of-state PAC (ID#:			Amount of Contribution (\$)	\$24.65
	Principal occu	Houston, TX 77070-6208 pation / Job title (See Instructions)	l Ei	mployer (See Instructions))		
	Dentist	,			,		
	Date 01/29/2024	Full name of contributor out-on Nairooz, Sandra (Dr.) Contributor address; City; State; Zip (of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78248-0982					
	Principal occu Dentist	pation / Job title (See Instructions)	Eı	mployer (See Instructions))		
	Date 02/12/2024	Ne, Rita (Dr.)	of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.13
	Principal occu Dentist	pation / Job title (See Instructions)	Eı	nployer (See Instructions))		
	Date 02/12/2024	Nelson, Howard (Dr.)	of-state PAC (ID#:			Amount of Contribution (\$)	\$21.86
	Principal occu Dentist	pation / Job title (See Instructions)	Eı	nployer (See Instructions))		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/49 Rpt: 34/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	ı Filers)
4	Date 02/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.13
		Dallas, TX 75206-5400				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Neville, Nicholas (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.13
	Deinsinal assu	Dallas, TX 75206-5400	Frankrija (Caa kastuustiana	_		
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78228-5500				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Nisnisan, Mary Jocelyn Elyse (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77479-8829			Amount of Contribution (\$)	\$6.79
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Nix, Jade (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102-2363			Amount of Contribution (\$)	\$36.70
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

	MONET	ARY POLITICAL CON	ITRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this for	n.	1	Total pages Schedule A1: Sch: 32/49 Rpt: 35/74	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
	Texas Denta	l Association Political Action Comm	nittee		L	00015960	
4	Date 02/12/2024	O'Keefe, Kathy (Dr.)	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$24.65
		Bellaire, TX 77401-3122					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Dentist						
	Date	Full name of contributor 🔲 οι	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/21/2024	Omecinski Jr., James (Dr.)					\$100.00
		Contributor address; City; State; Zi	ip Code				
		Inez, TX 77968-4062					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 		
	Dentist	(, ,, (,		
	Date	Full name of contributor ou	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024	Ortiz, Roger (Dr.)					\$39.76
		Contributor address; City; State; Zi	ip Code				
		FLDags TV 70011 7000					
	Drive in all accord	El Paso, TX 79911-7208		Francis von (Coo Instructions	<u>, </u>		
	Dentist Dentist	pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Date	Full name of contributor 🔲 οι	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/11/2024	Owen, Glenda (Dr.)					\$85.00
		Contributor address; City; State; Zi					
		Houston, TX 77007-2286					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist						
	Date	Full name of contributor ou	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/11/2024	Parker, C Steve (Dr.)					\$25.00
		Contributor address; City; State; Zi	ip Code				
		Austin, TX 78752-3733					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist						
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 33/49 Rpt: 36/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	Filers)
4	Date 02/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$34.62
_		Denison, TX 75020-7245				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Parks, Jane (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.39
	Principal occu Dentist	Waco, TX 76712-4064 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Patterson, Brendon (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.61
	Principal occu	League City, TX 77573-1551 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$17.30
	Principal occu Dentist	El Paso, TX 79925-6706 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Perkins, Eric (Dr.) Contributor address; City; State; Zip Code Houston, TX 77040-5795			Amount of Contribution (\$)	\$24.65
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 34/49 Rpt: 37/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	Filers)
4	Date 02/14/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$22.54
_	District	San Antonio, TX 78253-6332				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#: Peters III, Charles (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$22.56
	Principal occu	San Antonio, TX 78253-6332 pation / Job title (See Instructions)	Employer (See Instructions)		
	Dentist					
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Phan, Aidan (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$21.86
		Plano, TX 75074-0051				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Philip, George (Dr.) Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382			Amount of Contribution (\$)	\$36.04
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Phillips III, William (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75225-6301			Amount of Contribution (\$)	\$25.13
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 35/49 Rpt: 38/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$16.66
		Dallas, TX 75219				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Pitarra, Sarah (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.69
	Principal occu	Corpus Christi, TX 78411-4439 pation / Job title (See Instructions)	Employer (See Instructions			
	Dentist	oalion7 Job title (See Instructions)	Employer (See instructions	')		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Plocheck, Janell (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$36.70
		Fort Worth, TX 76132-4111				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:Polk, Aaron (Dr.) Contributor address; City; State; Zip Code Nacogdoches, TX 75965-1251)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Polson, James (Dr.) Contributor address; City; State; Zip Code Westworth Village, TX 76114-4106			Amount of Contribution (\$)	\$23.22
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
		1				

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	nis form.		l pages Schedule A1: : 36/49 Rpt: 39/74	
2	FILER NAME Texas Denta	I Association Political Action Committee			ID (Ethics Commission 15960	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-state PAC (Porter, Mark (Dr.) Contributor address; City; State; Zip Code 		7 Amo	ount of Contribution (\$)	\$35.82
		San Antonio, TX 78258-4152				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (Potter, Brett (Dr.) Contributor address; City; State; Zip Code	(ID#:)	Amo	ount of Contribution (\$)	\$100.00
	Principal occu	Victoria, TX 77904-2351 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/30/2024	Contributor address; City; State; Zip Code	(ID#:)	Amo	ount of Contribution (\$)	\$100.00
	Principal occu	El Paso, TX 79925-6793 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (Rainwater, Michael Andrew (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75205	(ID#:)	Amo	ount of Contribution (\$)	\$10.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAC Rashall, Gregory (Dr.) Contributor address; City; State; Zip Code Liberty, TX 77575	(ID#:)	Amo	ount of Contribution (\$)	\$120.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL COI	NTRIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 37/49 Rpt: 40/74	
2	FILER NAME Texas Denta	I Association Political Action Comr	mittee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$20.40
		Huntsville, TX 77340-7316					
8	Principal occu Dentist	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$17.21
	Principal occu	Pearland, TX 77584-8410 pation / Job title (See Instructions)		Employer (See Instructions	()		
	Dentist	,			,		
	Date 02/16/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$30.58
		Prosper, TX 75078-8467					
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$13.49
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/49 Rpt: 41/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/14/2024	 Full name of contributor out-of-state PAC (ID#:_Rivers, Kristina (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_		Bryan, TX 77801-3147				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Roberts, Mark (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.19
	Principal occu	Athens, TX 75751-2136 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Dentist		,p.6) 6. (6.60 m.61 a.61.61	,		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Roberts, Mark (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.19
		Athens, TX 75751-2136				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Rouch, Barry (Dr.) Contributor address; City; State; Zip Code Austin, TX 78759-4013			Amount of Contribution (\$)	\$32.29
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:_Ruona, Kimberly (Dr.) Contributor address; City; State; Zip Code Houston, TX 77054-2032			Amount of Contribution (\$)	\$275.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 39/49 Rpt: 42/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$21.86
_		Plano, TX 75024-8502				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:_ Schott, Laura (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing oggu	Cypress, TX 77433	Employer (See Instructions			
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Schuchart, Christopher (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$22.56
		San Antonio, TX 78249-3482				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:Seale, Joshua (Dr.) Contributor address; City; State; Zip Code Lumberton, TX 77657-5955)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Sehnert, Phillip (Dr.) Contributor address; City; State; Zip Code Lewisville, TX 75057-3628			Amount of Contribution (\$)	\$30.55
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 40/49 Rpt: 43/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		1	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-state PAC (ID#: Seidler, Daryl (Dr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.13
		Cedar Hill, TX 75104-2129				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Shah, Sunil (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$22.75
	Principal occu	Austin, TX 78759-8935 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dentist		Employer (See motradions	3)		
	Date 02/13/2024	Full name of contributor out-of-state PAC (ID#: Shambarger, Sandra (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Texarkana, TX 75503-2193				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Sharaf, Ahmed (Dr.) Contributor address; City; State; Zip Code Austin, TX 78758-0052			Amount of Contribution (\$)	\$5.24
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Shaw, Arthur (Dr.) Contributor address; City; State; Zip Code San Angelo, TX 76901-5214			Amount of Contribution (\$)	\$28.54
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 41/49 Rpt: 44/74	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Denta	l Association Political Action Committee			00015960	
4	Date 02/12/2024	 5 Full name of contributor		7	Amount of Contribution (\$)	\$36.06
		West Lake Hills, TX 78746-6493				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Г	Amount of Contribution (\$)	
	02/12/2024	Shirley, Thalia (Dr.)				\$20.38
						,
		Dallas, TX 75211-1656				
	Dringinal occu	•	Employer (See Instructions	·/ 		
	Dentist Dentist	pation / Job title (See Instructions)	Employer (See Instructions	>)		
	Date	Full name of contributor ut-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	02/12/2024	Simpson, Harold (Dr.)				\$25.13
		Contributor address; City; State; Zip Code				
		Plano, TX 75093-4122				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor	<u> </u>	Г	Amount of Contribution (\$)	
	02/12/2024	Simpson, Timothy (Dr.)	/m		7 intodite of Contribution (4)	\$20.90
	02,12,2021					Ψ20.00
		Abilono TV 7060E 2062				
	Driverinal	Abilene, TX 79605-2863	Francis von (Coo Instructions	<u>, </u>		
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	02/02/2024	Slaughter III, James (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75033-2056				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	Dentist			,		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/49 Rpt: 45/74	
2	FILER NAME Texas Denta	I Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	ı Filers)
4	Date 01/31/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	District	Nacogdoches, TX 75965-1439				
8	Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/12/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$4.29
	Principal occu Dentist	Houston, TX 77098-1919 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#:_ Sperry, Stephen (Dr.) Contributor address; City; State; Zip Code Lubbock, TX 79423			Amount of Contribution (\$)	\$50.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Spitzer, Elizabeth (Dr.) Contributor address; City; State; Zip Code Gatesville, TX 76528-1029			Amount of Contribution (\$)	\$21.26
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Stampe, Melody (Dr.) Contributor address; City; State; Zip Code Sachse, TX 75048-1949			Amount of Contribution (\$)	\$18.64
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		-				

	MONET	ARY POLITICAL CON	ITRIBUTION	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 43/49 Rpt: 46/74	
2	FILER NAME Texas Denta	I Association Political Action Comm	nittee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	 Full name of contributor	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$18.64
		Highland Village, TX 75077-304	43				
8	Principal occu Dentist	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor ou Street, Colton (Dr.) Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$21.83
	Principal occu	Lubbock, TX 79413-5143 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/11/2024	Stuchlik, Katie (Dr.) Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/16/2024	Full name of contributor ou Suh, Helene (Dr.) Contributor address; City; State; Zi Beaumont, TX 77706-7238	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 02/16/2024	Sykes, Kenneth (Dr.)				Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	()		
			l				

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/49 Rpt: 47/74	
2	FILER NAME Texas Denta	l Association Political Action (Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 02/12/2024	5 Full name of contributor Thompson, Michelle (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$35.29
		Houston, TX 77025-3508					
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor Thompson, Scott (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$18.21
	Principal occu	Plano, TX 75023-7934 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 02/12/2024	Full name of contributor Tiner, Brandi (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$21.47
	Deinsinal assu	El Paso, TX 79912-4678	\	Faralousy (Coo Instructions	$\overline{\Gamma}$		
	Dentist Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor Tran, Mai (Dr.) Contributor address; City; St Plano, TX 75023-7020)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/14/2024	Full name of contributor Truong, Khanh (Dr.) Contributor address; City; St Spring, TX 77389-1755	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
			'				

2 FILER NAME	on Guide explains how to complete this fo	rm.		Total pages Schedule A1: Sch: 45/49 Rpt: 48/74	
4 Date 5 02/12/2024	Full name of contributor		_		
02/12/2024			3	Filer ID (Ethics Commission 00015960	Filers)
	Ure, Derid (Dr.) Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30.49
	Lubbock, TX 79424-5041				
8 Principal occupation Dentist	on / Job title (See Instructions)	9 Employer (See Instructions)		
Date 02/12/2024	Full name of contributor			Amount of Contribution (\$)	\$23.37
	Harlingen, TX 78552-9055				
Principal occupation Dentist	on / Job title (See Instructions)	Employer (See Instructions)		
Date 02/12/2024	Full name of contributor)		Amount of Contribution (\$)	\$27.76
	Laredo, TX 78041-2327				
Principal occupation Dentist	on / Job title (See Instructions)	Employer (See Instructions)		
Date 02/12/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.39
Principal occupation Dentist	Laredo, TX 78041-2327 on / Job title (See Instructions)	Employer (See Instructions)		
Date 02/12/2024	Full name of contributor)		Amount of Contribution (\$)	\$25.13
Principal occupati	Dallas, TX 75214-2367 on / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		E A1	
	The Instru	ction Guide explains ho	w to complete this fo	orm.	1	Total pages Schedule A1: Sch: 46/49 Rpt: 49/74	
2	FILER NAME	I A i eti Beliti - I A eti	0		3	Filer ID (Ethics Commission	n Filers)
	Texas Denta	Al Association Political Action	Committee		L	00015960	
4	Date 02/24/2024	· · · · · · · · · · · · · · · · · · ·		7	Amount of Contribution (\$)	\$100.00	
		San Antonio, TX 78247-2					
8	Principal occu Dentist	pation / Job title (See Instruction	s)	9 Employer (See Instructions	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	02/12/2024	Vogel, Jonathan (Dr.)	out or state 1710 (IB#	<i></i>		7 mileant of Continuation (4)	\$12.05
	02/12/2024		State: Zin Code		ł		Ψ12.00
		Contributor address; City; S	state, Zip Code				
		Dallas, TX 75204-1500					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Dentist						
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	02/12/2024	Ward, Guadalupe (Dr.)	_				\$39.76
		Contributor address; City; S	State; Zip Code		1		
		El Paso, TX 79902-1526					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u>		
	Dentist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/06/2024	Weaver, Wendi (Dr.)					\$100.00
		Contributor address; City; S			1		
		Waco, TX 76706-4025					
	Principal occu	I pation / Job title (See Instruction	s)	Employer (See Instructions	<u>L</u> S)		
	Dentist						
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	02/12/2024	Weedon, Kyle (Dr.)	_				\$22.75
		Contributor address; City; S	State; Zip Code		1		
		Mineola, TX 75773-2029					
	Principal occu	pation / Job title (See Instruction		Employer (See Instructions	<u>L</u>		
	Dentist	,	/		,		

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 47/49 Rpt: 50/74			
2	FILER NAME	al Association Political Action (Committoo		3	Filer ID (Ethics Commissio 00015960	n Filers)
					L		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	+= 00
	02/01/2024	Wengler, Christina (Dr.)					\$5.00
		6 Contributor address; City; St	ate; Zip Code				
		San Antonio, TX 78231-22	205				
8		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dentist						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024	Westerberg, Matthew (Dr.)				\$50.00
		Contributor address; City; St	ate; Zip Code		1		
		Can Antonia TV 70200 66	061				
	Dringing agg	San Antonio, TX 78209-60 pation / Job title (See Instructions		Employer (See Instructions	,/ 		
	Dentist	pation / 300 title (See instructions	,	Employer (See instructions))		
	Date	Full name of contributor			Г	Amount of Contribution (\$)	
	02/15/2024	Wilbanks, David (Dr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	02/13/2024	Contributor address; City; St	ate: Zin Code		-		Ψ100.00
		Contributor address, Sky, St	ato, 21p 0000				
		El Paso, TX 79912-3904					
	Dringing con	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	<u>''</u>		
	Dentist	pation / Job title (See Instructions	,	Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	02/12/2024	Willard, Joshua (Dr.)		,			\$21.86
		Contributor address; City; St			ł		
		, ,,	, ,				
		Plano, TX 75024-4335					
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
					_	4 (A)	
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#100.00
	02/20/2024	Williams, Haven (Dr.)					\$100.00
		Contributor address; City; St	ate; Zip Code				
		El Paso, TX 79935-3013					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist						

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 48/49 Rpt: 51/74			
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Texas Denta	l Association Political Action	Committee		L	00015960	
4	Date 02/21/2024	5 Full name of contributorWilliams, Velton (Dr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77005-2192					
8	Principal occu Dentist	pation / Job title (See Instructions	(s)	9 Employer (See Instructions	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:	\	Т	Amount of Contribution (\$)	
	02/12/2024	Williams Jr., Claude (Dr.)	out of state 1 AC (ID#:	J		7 mileant of Continuation (4)	\$25.13
	02/12/2024	Contributor address; City; S	ate; Zip Code				Ψ20.10
		Dallas, TX 75229-2936					
	Principal occu Dentist	pation / Job title (See Instructions	(3)	Employer (See Instructions	s)		
	Dentist				_		
	Date 02/12/2024	Full name of contributor Williamson, Blake (Dr.)	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$19.79
	02/22/2021	Contributor address; City; S	ate; Zip Code				7_0
		Dallas, TX 75214-0969					
	Principal occu	pation / Job title (See Instructions	9	Employer (See Instructions	:) 		
	Dentist	pation / oob title (eee metrocione	,,	Employer (See Instructions	٠,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/01/2024	Wilson III, Arvel (Dr.)					\$100.00
		Contributor address; City; S			1		
		Midland, TX 79707-2630			Ĺ		
	Principal occu Dentist	pation / Job title (See Instructions	;) 	Employer (See Instructions	S)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024	Woods, Wayne (Dr.)					\$37.14
		Contributor address; City; S	ate; Zip Code				
		Dallas, TX 75230-2050	·				
	Principal occu Dentist	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
_			I				

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 49/49 Rpt: 52/74	
2	FILER NAME Texas Denta	al Association Political Action Committee		3	Filer ID (Ethics Commissio 00015960	n Filers)
4	Date 02/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ Wren, Kendra (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$24.69
	Dringing Loggy	Comfort, TX 78013-3705	Employer (See Instructions	<u></u>		
8	Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_ Yang, Hee (Dr.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$24.11
		Houston, TX 77089-6254				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Yang, Hee (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$24.65
	Principal occu	Houston, TX 77089-6254 Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 53/74 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Dental Association Political Action Committee 00015960 Date 5 Corporation / Labor Organization name 6 Amount (\$) 02/01/2024 **Texas Dental Association** 13,572.30

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/20 Rpt: 54/74	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
02/05/2024	Alma Allen Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 3717 Cork Dr
φ500.00	STEP GOIN EI
Expenditure from corporate funds	Houston, TX 77047
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OI	
Date	Payee name
02/05/2024	Angie Chen Button Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 832748
Expenditure from	
corporate funds	Richardson, TX 75083
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/05/2024	Ben Bumgarner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5150 Kensington Ct
Expenditure from	
corporate funds	Flower Mound, TX 75022
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 2/20 Rpt: 55/74	2 FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
02/05/2024	Briscoe Cain Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 7
Ψ300.00	1 0 800 7
Expenditure from corporate funds	Deer Park, TX 77536
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/05/2024	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1105 E Main St
	#223
Expenditure from corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/05/2024	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1440
Expenditure from	Fourt Mountle, TV 70101
corporate funds	Fort Worth, TX 76101
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/20 Rpt: 56/74	2 FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
02/05/2024	Christian Manuel Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1310 Calvin St
Expenditure from corporate funds	Beaumont, TX 77707
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Cody Harris Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	100 Avenue A St
Expenditure from corporate funds	Palestine, TX 78501
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Cole Hefner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	PO Box 167
Expenditure from corporate funds	Mount Pleasant, TX 75456
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
LAFLINDITUKE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 4/20 Rpt: 57/74	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
02/05/2024	Dade Phelan Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 848
— Forest dit us form	
Expenditure from corporate funds	Nederland, TX 77627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
02/15/2024	Dade Phelan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 848
Expenditure from corporate funds	Nederland, TX 77627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuution
One make the ONE Wife diagram	Our stide to 100% as health as a sure
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	David Spiller Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 447
Expenditure from corporate funds	Jacksboro, TX 76458
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to belief 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 5/20 Rpt: 58/74	2 FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
02/05/2024	DeWayne Burns Campaign
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 703 Stonelake Dr
Expenditure from corporate funds	Cleburne, TX 76033
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZHBITORZ	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/05/2024	Drew Darby Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 3284
Expenditure from corporate funds	San Angelo, TX 76902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5010 University Ave
, , , ,	5th Floor
Expenditure from	
corporate funds	Lubbock, TX 79493
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORAREIO TO BOHOR O/OI	•

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 6/20 Rpt: 59/74	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
02/05/2024	Ellen Troxclair Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	701 Hwy 281
Expenditure from	Ste H #196
corporate funds	Marble Falls, TX 78654
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
02/05/2024	Erin Zwiener for Texas House
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 184
Expenditure from	
corporate funds	Driftwood, TX 76819
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
02/05/2024	Ernest Bailes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	1000 Bailes Dairy Rd
Expenditure from	
corporate funds	Shepherd, TX 77371
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total manua Cabadula F1.	
1 Total pages Schedule F1: Sch: 7/20 Rpt: 60/74	2 FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
02/05/2024	Frederick Frazier Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	4100 Eldorado Pkwy
Expenditure from	Ste 100, PMB 241
corporate funds	McKinney, TX 75070
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuuton
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/05/2024	Gary Gates for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2205 Avenue I
Expenditure from corporate funds	Rosenberg, TX 77471
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign commoduen
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Gary VanDeaver Campaign
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1101 Hwy 98
\$1,000.00	1101 nwy 96
Expenditure from corporate funds	New Boston, TX 75570
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/20 Rpt: 61/74	2 FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
02/05/2024	Giovanni Capriglione Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 92007
Expenditure from corporate funds	Southlake, TX 76092
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Glenn Rogers Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 11
Expenditure from corporate funds	Graford, TX 76449
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/05/2024	Harold Dutton Jr. Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4001 Jewett St
Evpanditura fra	
Expenditure from corporate funds	Houston, TX 77026
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Operation Children	On didn't 10 ff a balden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Т					
Sch: 9/20 Rpt: 62/74	Texas Dental Association Political Action Committee 00015960						
4 Date	5 Payee name						
02/05/2024	Hubert Vo Campaign						
6 Amount (\$) \$750.00	Payee address; City; State; Zip Code PO Box 2227						
Expenditure from corporate funds	Alief, TX 77411						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Campaign contribution						
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
02/05/2024	Hugh Shine Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,000.00	PO Box 793						
Expenditure from corporate funds	Temple, TX 76503						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Candidate/Onicenoider/Political Committee Campaign contribution						
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
Date	Payee name	_					
02/05/2024	Jacey Jetton Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$1,000.00	1723 Hearthside Ct						
Expenditure from corporate funds	Richmond, TX 77406						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Campaign contribution						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
		\exists					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:							
Sch: 10/20 Rpt: 63/74	Texas Dental Association Political Action Committee 00015960						
4 Date	Payee name						
02/05/2024	James Talarico Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$500.00	PO Box 5850						
Expenditure from corporate funds	Round Rock, TX 78683						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Campaign contribution						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Data	T _						
Date	Payee name						
02/05/2024	Jay Dean Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	3822 Holly Ridge						
Expenditure from							
corporate funds	Longview, TX 75605						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
EXPENDITORL	Candidate/Officeholder/Political Committee						
	Campaign contribution						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
expenditure to benefit Gro	л						
Date	Payee name						
02/05/2024	Jeff Leach Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$750.00	PO Box 866186						
Expenditure from	Plano, TX 75086						
corporate funds							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Campaign contribution						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 11/20 Rpt: 64/74	Texas Dental Association Political Action Committee 00015960						
4 Date	Payee name						
02/05/2024	Jill Dutton for Texas House						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$250.00	11 VZCR 4503						
Expenditure from corporate funds	Ben Wheeler, TX 75754						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Candidate/Officeholder/Political Committee						
	Campaign continuation						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
Date	Payee name						
02/05/2024	John Bryant Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	PO Box 140977						
, , , , , , , , , , , , , , , , , , , ,							
Expenditure from corporate funds	Dallas, TX 75214						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Candidate/Officeholder/Political Committee						
	Campaigh contribution						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
Date	Payee name						
02/05/2024	John Kuempel Campaign						
Amount (\$)							
\$1,000.00	PO Box 177						
Expenditure from corporate funds	Seguin, TX 78156						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By						
EXPENDITURE	Candidate/Officeholder/Political Committee						
	Campaign contribution						
_							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 12/20 Rpt: 65/74	Texas Dental Association Political Action Committee 00015960							
4 Date	5 Payee name							
02/05/2024	John Smithee Campaign							
6 Amount (\$) \$1,000.00 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 320 S Polk Ste 1000 LB 5 Amarillo, TX 79101							
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution							
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
02/05/2024	Justin Holland Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	3021 Ridge Rd							
	Ste A Box 79							
Expenditure from corporate funds	Rockwall, TX 75032							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.							
LAFENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							
	Campaign contribution							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	7							
Date	Payee name							
02/05/2024	Keith Bell Campaign							
Amount (\$)	Payee address; City; State; Zip Code	_						
\$750.00	PO Box 1178							
- "								
Expenditure from corporate funds	Forney, TX 75126							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
EXI ENDITORE	Candidate/Officeholder/Political Committee Campaign contribution							
	Campaign contribution							
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica								
Credit Card Payment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 13/20 Rpt: 66/74	Texas Dental Association Political Action Committee 00015960							
4 Date	Payee name							
02/05/2024	Ken King Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$1,000.00	PO Box 517							
Expenditure from corporate funds	Canadian, TX 79014							
8 PURPOSE	1							
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							
	Campaign contribution							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	1							
Date	Payee name							
02/05/2024	Kronda Thimesch Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	PO Box 118978							
Expenditure from corporate funds	Carrollton, TX 75011							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.							
Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense								
	Campaign contribution							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
experience to benefit even								
Date	Payee name							
02/05/2024	Lacey Hull Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	PO Box 19231							
Expenditure from								
corporate funds	Houston, TX 77224							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
LAI LABITORE	Candidate/Officeholder/Political Committee							
	Campaign contribution							
Commission CNU V if allow	Condidate/Officeholder come							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
,								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 14/20 Rpt: 67/74	Texas Dental Association Political Action Committee 00015960					
4 Date	Payee name					
02/05/2024	Lynn Stucky Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	5885 Canyon Rd					
Expenditure from corporate funds	Sanger, TX 76266					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	Campaign contribution					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/Ol						
Date	Payee name					
02/05/2024	Mano DeAyala Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	12335 Kingsride Ln #416					
Expenditure from corporate funds	Houston, TX 77024					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Candidate/Officeholder/Political Committee					
	Campaign contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Davida nama					
02/05/2024	Payee name Matt Shaheen Campaign					
	. •					
Amount (\$)	Payee address; City; State; Zip Code					
\$750.00	3917 Malton Dr					
Expenditure from						
corporate funds	Plano, TX 75025					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee					
	Candidate/Officeholder/Political Committee					
	Campaign contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica								
Credit Card Payment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 15/20 Rpt: 68/74	Texas Dental Association Political Action Committee 00015960							
4 Date	5 Payee name							
02/05/2024	Morgan Meyer Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$750.00	3838 Oak Lawn Ave							
	Ste 400							
Expenditure from corporate funds	Dallas, TX 75219							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By							
EXPENDITURE	Candidate/Officeholder/Political Committee							
	Campaign contribution							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
experientare to benefit 6/01								
Date	Payee name							
02/05/2024	Nathan Johnson Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,500.00	8499 Greenville Ave							
Funanditura from	Suite 205							
Expenditure from corporate funds	Dallas, TX 75231							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
OF EXPENDITURE	Contributions/Donations Made By							
Candidate/Officeholder/Political Committee Check if Austin, 1X, officeholder living expense								
	Campaign contribution							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_						
expenditure to benefit C/OI								
	T	_						
Date	Payee name							
02/05/2024	Ray Lopez Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	PO Box 461753							
Expenditure from								
corporate funds	San Antonio, TX 78246							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Campaign contribution							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv						
expenditure to benefit C/OI								
		\dashv						
		ļ						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee 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: 16/20 Rpt: 69/74	Texas Dental Association Political Action Committee 00015960						
4 Date	5 Payee name						
02/05/2024	Reggie Smith Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,000.00	111 A North Travis						
	Ste 5						
Expenditure from corporate funds	Sherman, TX 75090						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Candidate/Officeholder/Political Committee						
	Campaign contribution						
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
02/05/2024	Ron Reynolds Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	6140 Hwy 6 S						
, , , , , ,	Ste 233						
Expenditure from							
corporate funds	Missouri City, TX 77459						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Candidate/Officeholder/Political Committee						
	Campaign continuation						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	· ·						
Date	Payee name						
02/05/2024	Shawn Thierry Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$500.00	315 W Alabama						
Evponditure from	Ste 103						
Expenditure from corporate funds	Houston, TX 77071						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
EXI ENDITORE	Candidate/Officeholder/Political Committee						
	Campaign contribution						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experialitie to beliefft C/OI							

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment								
Credit Card Payment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 17/20 Rpt: 70/74	Texas Dental Association Political Action Committee 00015960							
4 Date	Payee name							
02/05/2024	Stan Gerdes Campaign							
6 Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	606 Gresham St							
Expenditure from corporate funds	Smithville, TX 78957							
8 PURPOSE	·							
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							
	Campaign contribution							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	1							
Date	Payee name							
02/05/2024	Stan Kitzman Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	PO Box 553							
Expenditure from corporate funds	Pattison, TX 77466							
PURPOSE								
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense							
Campaign contribution								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	1							
Date	Payee name							
02/05/2024	Stan Lambert Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,000.00	PO Box 3752							
. ,								
Expenditure from corporate funds	Abilene, TX 79604							
•								
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.							
EXPENDITURE	Candidate/Officeholder/Political Committee							
	Campaign contribution							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OI	1							

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	emorials Expense Printing	-	se s/Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	PILER NAME				3 Filer ID	(Ethics Commission Filers)	
	Sch: 18/20 Rpt: 71/74	Texas Dental Associa	Texas Dental Association Political Action Committee 00015960					
4	Date	Payee name	Payee name					
	02/05/2024	Steve Allison Campaiç	gn					
6	Amount (\$)	' Payee address; City	State; Zip	Code	<u> </u>			
	\$1,000.00	200 Morningside Drive)					
	Expenditure from corporate funds	San Antonio, TX 7820	9					
8	PURPOSE OF	a) Category (See Categories lis	sted at the top of this schedule)	(b)	Description			
	EXPENDITURE	Contributions/Donation				outside of Texas. Com		
		Candidate/Officeholde	I/Political Committee		Campaign co	TX, officeholder living	g expense	
					Campaign CO	THE IDUCTION		
9	Complete ONLY if direct	Candidate/Officeholder na	me Office s	 ought		Office he	eld	
	expenditure to benefit C/O							
	Date	Payee name						
	02/05/2024	Steve Toth Campaign						
	Amount (\$)	Payee address; City	State; Zip	Code				
	\$500.00	67 Chestnut Meadow	Dr					
		Ste 100						
	Expenditure from corporate funds	Conroe, TX 77384						
	PURPOSE	a) Category (See Categories lis	sted at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Contributions/Donation				outside of Texas. Com		
		Candidate/Officeholder/Political Committee Campaign contribution						
					Campaign 60			
	Complete ONLY if direct	Candidate/Officeholder na	me Office s	ought		Office he	eld	
	expenditure to benefit C/O							
	Date	Payee name		-				
	02/05/2024	Suleman Lalani Camp						
	Amount (\$)	Payee address; City	State; Zip	Code				
	\$500.00	PO Box 6514						
	Expenditure from corporate funds	Houston, TX 77265						
	PURPOSE	a) Category (See Categories lis	sted at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Contributions/Donation				outside of Texas. Com	•	
		Candidate/Officeholde	r/Political Committee		Campaign co	TX, officeholder living	g expense	
					Sampaign CO	. a ibadon		
	Complete ONLY if direct	Candidate/Officeholder na	me Office s	<u> </u>		Office he	eld	
	expenditure to benefit C/O			-				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
1 Total pages Schedule F1: Sch: 19/20 Rpt: 72/74	FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960					
4 Date	5 Payee name					
02/05/2024	Terry Wilson Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$500.00	PO Box 489					
Expenditure from corporate funds	Marble Falls, TX 78654					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Candidate/Officeholder/Political Committee					
	Campaign contribution					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/05/2024	Travis Clardy Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	209 E Main St					
Expenditure from corporate funds	Nacogdoches, TX 75961					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
Candidate/Officeholder/Political Committee Central Check if Austin, TX, officeholder living expense						
	Campaign contribution					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/05/2024	Trent Ashby Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	PO Box 412					
•						
Expenditure from corporate funds	Lufkin, TX 75902					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	Campaign contribution					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experiorare to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
	The Instruction Guide explains	s how to complete this form.	1
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 20/20 Rpt: 73/74	Texas Dental Association Political Act	tion Committee	00015960
4 Date	5 Payee name		•
02/05/2024	Venton Jones Campaign		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
\$500.00	1075 Griffin St W Ste 212		
Expenditure from corporate funds	Dallas, TX 75215		
·		(6) =	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this so		outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Comr		n, TX, officeholder living expense
	Candidate/Oniceriolaei/i onitical comi	Campaign co	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 74/74 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Dental Association Political Action Committee 00015960 8 Amount (\$) Date 5 Name of person from whom amount is received 02/01/2024 Dade Phelan Campaign \$10,000.00 6 Address of person from whom amount is received; City; State; Zip Code Nederland, TX 77627 Purpose for which amount is received X Check if political contribution returned to filer Voided check issued 8/29/23 Amount (\$) Name of person from whom amount is received Date 02/01/2024 Frost Bank \$138.62 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767 Purpose for which amount is received Check if political contribution returned to filer Interest