

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015960	2 Total pages filed: 47
3 COMMITTEE NAME Texas Dental Association Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 04/02/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1946 S IH35 Ste 400 Austin, TX 78704-3644		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Daniel	Receipt # Amount	
	NICKNAME LAST SUFFIX O'Dell	Date Processed	
			Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1946 S IH35 Ste 400 Austin, TX 78704-3644		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1946 S IH35 Ste 400 Austin, TX 78704-3644		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	443-3675	
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5		
11 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	02/26/2024		03/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Texas Dental Association Political Action Committee	13 Filer ID (Ethics Commission Filers) 00015960
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,614.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,921,177.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Daniel O'Dell

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Dental Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015960
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,042.04
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 13,572.30
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 129.95

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/42 Rpt: 4/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addington, Danny (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Atlanta, TX 75551-2625	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkins, Jay (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Lubbock, TX 79414-5834	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Alejandro (Dr.)	Amount of Contribution (\$) \$32.10
	Contributor address; City; State; Zip Code Horizon City, TX 79928-5342	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvey, Dallas (Dr.)	Amount of Contribution (\$) \$41.58
	Contributor address; City; State; Zip Code Cypress, TX 77433-7176	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anaya, Krystelle (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code El Paso, TX 79936-3842	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/42 Rpt: 5/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Ross (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77009-7833	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderton, Xochitl (Dr.)	Amount of Contribution (\$) \$34.69
	Contributor address; City; State; Zip Code Post, TX 79356-3234	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Erin (Dr.)	Amount of Contribution (\$) \$25.16
	Contributor address; City; State; Zip Code Austin, TX 78731-2901	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, John (Dr.)	Amount of Contribution (\$) \$30.97
	Contributor address; City; State; Zip Code Amarillo, TX 79109-4145	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Stephen (Dr.)	Amount of Contribution (\$) \$32.88
	Contributor address; City; State; Zip Code Plano, TX 75093-6405	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/42 Rpt: 6/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baucum, Darryl (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Driftwood, TX 78619-4497	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belean, Pompilia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78737-2805	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellingham, Nicole (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-7339	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmond, Heather (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78232-3941	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Louis-Philippe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77060-1307	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/42 Rpt: 7/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourquein, Robert (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624-3918	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Jacqueline (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75229-4216	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Philip (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Spring, TX 77389-4695	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumbaugh, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75205-4176	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, George (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77025-1057	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/42 Rpt: 8/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calogero, Yoneida (Dr.)	7 Amount of Contribution (\$) \$30.97
	6 Contributor address; City; State; Zip Code Alice, TX 78332-4188	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campagna, Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Midland, TX 79707-1429	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canzoneri, Teresa (Dr.)	Amount of Contribution (\$) \$33.99
	Contributor address; City; State; Zip Code Beaumont, TX 77706-6014	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Omel (Dr.)	Amount of Contribution (\$) \$30.51
	Contributor address; City; State; Zip Code Harlingen, TX 78550-8349	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo III, Miguel (Dr.)	Amount of Contribution (\$) \$30.51
	Contributor address; City; State; Zip Code Mission, TX 78572-6049	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/42 Rpt: 9/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Stephen (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Flower Mound, TX 75028-1300	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Alissa (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2632	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Brett (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414-3133	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong, Sonia (Dr.)	Amount of Contribution (\$) \$12.49
	Contributor address; City; State; Zip Code Socorro, TX 79927-3536	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, R. Lee (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-5358	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/42 Rpt: 10/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colombo, David (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Galveston, TX 77550-8655	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley, Emily (Dr.)	Amount of Contribution (\$) \$37.41
	Contributor address; City; State; Zip Code Georgetown, TX 78628-2099	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Ralph A. (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Houston, TX 77054	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornman, William (Dr.)	Amount of Contribution (\$) \$123.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633-9209	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, David (Dr.)	Amount of Contribution (\$) \$36.95
	Contributor address; City; State; Zip Code Spring Branch, TX 78070-6044	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/42 Rpt: 11/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Prosper, TX 75078-7611	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Prosper, TX 75078-7611	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Camie (Dr.)	Amount of Contribution (\$) \$34.69
	Contributor address; City; State; Zip Code Lubbock, TX 79413-5760	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Yvette (Dr.)	Amount of Contribution (\$) \$35.20
	Contributor address; City; State; Zip Code El Paso, TX 79936-8610	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Darrell (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Arlington, TX 76018-1004	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/42 Rpt: 12/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Francys (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78731-2633	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Fuente Jr., Rene (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79936-5177	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Santis, Rocco (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kilgore, TX 75662-5950	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreher, Joan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78248-2330	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dutta, Oshmi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78258	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/42 Rpt: 13/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Kelsey (Dr.)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78216	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fanous, Ramsey (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424-8394	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferro, Joseph (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78228-3225	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Cynthia (Dr.)	Amount of Contribution (\$) \$32.85
	Contributor address; City; State; Zip Code Houston, TX 77058-1525	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flosi, Caitlin (Dr.)	Amount of Contribution (\$) \$39.20
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-5020	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/42 Rpt: 14/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Folden, Larry (Dr.)	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code Jacksonville, TX 75766-9052	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Jason (Dr.)	Amount of Contribution (\$) \$27.88
	Contributor address; City; State; Zip Code Austin, TX 78737-5504	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fray, David (Dr.)	Amount of Contribution (\$) \$41.58
	Contributor address; City; State; Zip Code Houston, TX 77054-2032	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadia, Rocelle (Dr.)	Amount of Contribution (\$) \$20.54
	Contributor address; City; State; Zip Code Mission, TX 78574-3317	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadia, Rocelle (Dr.)	Amount of Contribution (\$) \$20.54
	Contributor address; City; State; Zip Code Mission, TX 78574-3317	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/42 Rpt: 15/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadia, Rocelle (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mission, TX 78574-3317	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Roberto (Dr.)	Amount of Contribution (\$) \$25.50
	Contributor address; City; State; Zip Code Conroe, TX 77304-4992	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Randal (Dr.)	Amount of Contribution (\$) \$32.85
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-3450	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glennon, John (Dr.)	Amount of Contribution (\$) \$27.88
	Contributor address; City; State; Zip Code Austin, TX 78756-2537	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Marshal (Dr.)	Amount of Contribution (\$) \$41.60
	Contributor address; City; State; Zip Code Dallas, TX 75230-3122	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/42 Rpt: 16/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Elizabeth (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code McKinney, TX 75069-3385	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78701-3852	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Robert Wesley (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217-4659	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Cody (Dr.)	Amount of Contribution (\$) \$32.83
	Contributor address; City; State; Zip Code Goldthwaite, TX 76844-0690	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, J. Brian (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/42 Rpt: 17/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Selina (Dr.)	7 Amount of Contribution (\$) \$105.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78248	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Darian (Dr.)	Amount of Contribution (\$) \$42.62
	Contributor address; City; State; Zip Code Irving, TX 75063-3456	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Shad (Dr.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Plano, TX 75074-5846	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Adam (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78745-5141	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert-Schoener, Stacy (Dr.)	Amount of Contribution (\$) \$41.58
	Contributor address; City; State; Zip Code Houston, TX 77096-3737	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/42 Rpt: 18/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Annalisa (Dr.)	7 Amount of Contribution (\$) \$25.16
	6 Contributor address; City; State; Zip Code Austin, TX 78748-5704	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Matthew (Dr.)	Amount of Contribution (\$) \$37.41
	Contributor address; City; State; Zip Code Austin, TX 78748-5704	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ron (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Houston, TX 77027-6038	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.)	Amount of Contribution (\$) \$187.10
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, David (Dr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code El Paso, TX 79912-1854	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/42 Rpt: 19/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Darin (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624-4444	7 Amount of Contribution (\$) \$37.32
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, James (Dr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-1132	Amount of Contribution (\$) \$31.66
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman Jr., Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77024-1135	Amount of Contribution (\$) \$40.95
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Issa-Abbas, Tam (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78238-1454	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffords, Leticia (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230-5469	Amount of Contribution (\$) \$36.98
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/42 Rpt: 20/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, G (Dr.) 6 Contributor address; City; State; Zip Code Houston, TX 77009-4409	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karl, Maureen (Dr.) Contributor address; City; State; Zip Code Granbury, TX 76049-4759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaviani, Kevin (Dr.) Contributor address; City; State; Zip Code Houston, TX 77024-6049	Amount of Contribution (\$) \$32.85
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Iii III, Paul (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2734	Amount of Contribution (\$) \$30.97
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiesel, Donna (Dr.) Contributor address; City; State; Zip Code Coppell, TX 75019-9606	Amount of Contribution (\$) \$42.62
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/42 Rpt: 21/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.)	7 Amount of Contribution (\$) \$37.41
	6 Contributor address; City; State; Zip Code Austin, TX 78749-6522	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78749-6522	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78738-5530	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jered (Dr.)	Amount of Contribution (\$) \$99.71
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-4439	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jered (Dr.)	Amount of Contribution (\$) \$183.34
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-4439	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/42 Rpt: 22/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jacob (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-6217	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Jamie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Garden Ridge, TX 78266-6400	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuna, Jennifer (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78222-4829	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Celeste (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75230-5634	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Ronald (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Colleyville, TX 76034-5905	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/42 Rpt: 23/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leever Jr., Donald (Dr.)	7 Amount of Contribution (\$) \$32.85
	6 Contributor address; City; State; Zip Code Houston, TX 77063-2028	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemke, Kelly (Dr.)	Amount of Contribution (\$) \$36.98
	Contributor address; City; State; Zip Code Shavano Park, TX 78249-2071	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Brandi (Dr.)	Amount of Contribution (\$) \$36.98
	Contributor address; City; State; Zip Code San Antonio, TX 78212-1909	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindt, Chadwick (Dr.)	Amount of Contribution (\$) \$26.11
	Contributor address; City; State; Zip Code Decatur, TX 76234-3721	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linger, Patricia (Dr.)	Amount of Contribution (\$) \$32.85
	Contributor address; City; State; Zip Code Humble, TX 77346-2943	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/42 Rpt: 24/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftin, Jennifer (Dr.)	7 Amount of Contribution (\$) \$30.97
	6 Contributor address; City; State; Zip Code Alice, TX 78332-3846	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loiselle, John (Dr.)	Amount of Contribution (\$) \$32.10
	Contributor address; City; State; Zip Code El Paso, TX 79912-1703	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Diego (Dr.)	Amount of Contribution (\$) \$13.02
	Contributor address; City; State; Zip Code San Antonio, TX 78254-4537	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovering, James (Dr.)	Amount of Contribution (\$) \$38.44
	Contributor address; City; State; Zip Code Hurst, TX 76054-3439	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luquis-Aponte, Wilma (Dr.)	Amount of Contribution (\$) \$35.06
	Contributor address; City; State; Zip Code El Paso, TX 79912-4806	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/42 Rpt: 25/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Nichole (Dr.)	7 Amount of Contribution (\$) \$37.41
	6 Contributor address; City; State; Zip Code Manor, TX 78653-5455	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malkaram, Pragna (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Temple, TX 76502-7439	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marr, Karina (Dr.)	Amount of Contribution (\$) \$42.62
	Contributor address; City; State; Zip Code Dallas, TX 75218-3437	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Gregory (Dr.)	Amount of Contribution (\$) \$34.78
	Contributor address; City; State; Zip Code Greenville, TX 75402-6309	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, John (Dr.)	Amount of Contribution (\$) \$22.69
	Contributor address; City; State; Zip Code Austin, TX 78757-4435	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/42 Rpt: 26/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, John (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78757-4435	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78757-4435	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKeever, Diane (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78228	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Christina Marie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78252	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnathon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79932-1233	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/42 Rpt: 27/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Jessica (Dr.) 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-4015	7 Amount of Contribution (\$) \$32.85
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moers-Walding, Emily (Dr.) Contributor address; City; State; Zip Code Houston, TX 77098-4011	Amount of Contribution (\$) \$25.36
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Juan (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78222-3531	Amount of Contribution (\$) \$3.89
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montroy, Tamra (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76177-3540	Amount of Contribution (\$) \$28.80
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Mark (Dr.) Contributor address; City; State; Zip Code Waxahachie, TX 75165-4706	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/42 Rpt: 28/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Amy (Dr.)	7 Amount of Contribution (\$) \$4.48
6 Contributor address; City; State; Zip Code Abilene, TX 79606-8432		
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, Scott (Dr.)	Amount of Contribution (\$) \$187.10
Contributor address; City; State; Zip Code Arlington, TX 76013		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Kayla (Dr.)	Amount of Contribution (\$) \$36.85
Contributor address; City; State; Zip Code Tyler, TX 75703-6111		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, Brian (Dr.)	Amount of Contribution (\$) \$41.58
Contributor address; City; State; Zip Code Houston, TX 77070-6208		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ne, Rita (Dr.)	Amount of Contribution (\$) \$42.62
Contributor address; City; State; Zip Code Dallas, TX 75229-6316		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/42 Rpt: 29/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neale Jr., William (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76309-4639	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Howard (Dr.)	Amount of Contribution (\$) \$34.78
	Contributor address; City; State; Zip Code Frisco, TX 75034-6816	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Helena (Dr.)	Amount of Contribution (\$) \$42.62
	Contributor address; City; State; Zip Code Dallas, TX 75206-5400	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Nicholas (Dr.)	Amount of Contribution (\$) \$42.62
	Contributor address; City; State; Zip Code Dallas, TX 75206-5400	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando A. (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78228-5500	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/42 Rpt: 30/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nix, Jade (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-2363	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Kathy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bellaire, TX 77401-3122	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, AnnMarie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759-4141	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Roger (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79911-7208	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oviedo, Steven (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78751-1909	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/42 Rpt: 31/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda (Dr.)	7 Amount of Contribution (\$) \$85.00
	6 Contributor address; City; State; Zip Code Houston, TX 77007-2286	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, C Steve (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78752-3733	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Melinda (Dr.)	Amount of Contribution (\$) \$30.76
	Contributor address; City; State; Zip Code Denison, TX 75020-7245	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jane (Dr.)	Amount of Contribution (\$) \$34.70
	Contributor address; City; State; Zip Code Waco, TX 76712-4064	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Chirag (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Frisco, TX 75033-6705	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/42 Rpt: 32/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Brendon (Dr.)	7 Amount of Contribution (\$) \$30.74
	6 Contributor address; City; State; Zip Code League City, TX 77573-1551	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Eric (Dr.)	Amount of Contribution (\$) \$41.58
	Contributor address; City; State; Zip Code Houston, TX 77040-5795	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters III, Charles (Dr.)	Amount of Contribution (\$) \$36.98
	Contributor address; City; State; Zip Code San Antonio, TX 78253-6332	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Aidan (Dr.)	Amount of Contribution (\$) \$34.78
	Contributor address; City; State; Zip Code Plano, TX 75074-0051	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.)	Amount of Contribution (\$) \$31.60
	Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/42 Rpt: 33/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips III, William (Dr.)	7 Amount of Contribution (\$) \$42.62
	6 Contributor address; City; State; Zip Code Dallas, TX 75225-6301	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picot, Bradford (Dr.)	Amount of Contribution (\$) \$17.90
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pirk, Frederick (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code El Paso, TX 79912-3687	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plocheck, Janell (Dr.)	Amount of Contribution (\$) \$26.60
	Contributor address; City; State; Zip Code Fort Worth, TX 76132-4111	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter III, Zeb (Dr.)	Amount of Contribution (\$) \$30.14
	Contributor address; City; State; Zip Code Houston, TX 77051-1905	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/42 Rpt: 34/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James (Dr.)	7 Amount of Contribution (\$) \$38.44
	6 Contributor address; City; State; Zip Code Westworth Village, TX 76114-4106	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.)	Amount of Contribution (\$) \$28.36
	Contributor address; City; State; Zip Code San Antonio, TX 78258-4152	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Richard (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Helotes, TX 78023-4522	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdy, John (Dr.)	Amount of Contribution (\$) \$374.20
	Contributor address; City; State; Zip Code El Paso, TX 79925-6793	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, William (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Conroe, TX 77303-2366	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/42 Rpt: 35/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Michael Andrew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75205	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez-Rathmell, Maria (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Laredo, TX 78040-5359	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashall, Gregory (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Liberty, TX 77575	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathke, Bryan (Dr.)	Amount of Contribution (\$) \$30.05
	Contributor address; City; State; Zip Code Huntsville, TX 77340-7316	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reznik, Derek (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79762-4762	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/42 Rpt: 36/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Kevin (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Round Rock, TX 78681-1149	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Shane (Dr.)	Amount of Contribution (\$) \$40.75
	Contributor address; City; State; Zip Code Prosper, TX 75078-8467	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ricardo (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78501-4509	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouch, Barry (Dr.)	Amount of Contribution (\$) \$37.32
	Contributor address; City; State; Zip Code Austin, TX 78759-4013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sainju, Puja (Dr.)	Amount of Contribution (\$) \$34.78
	Contributor address; City; State; Zip Code Plano, TX 75024-8502	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/42 Rpt: 37/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sattem, Guss (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209-2670	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Kenneth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78701-1105	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Laura (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Christopher (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78249-3482	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sehnert, Phillip (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lewisville, TX 75057-3628	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/42 Rpt: 38/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidler, Daryl (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2129	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Sunil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759-8935	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Arthur (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Angelo, TX 76901-5214	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shell, Jeffrey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6493	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Thalia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75211-1656	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/42 Rpt: 39/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Harold (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75093-4122	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Timothy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79605-2863	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singhal, Saurabh (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Irving, TX 75039-3217	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Killeen, TX 76542-2023	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperry, Stephen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/42 Rpt: 40/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Elizabeth (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Gatesville, TX 76528-1029	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Debra (Dr.)	Amount of Contribution (\$) \$39.81
	Contributor address; City; State; Zip Code Houston, TX 77096-6036	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Colton (Dr.)	Amount of Contribution (\$) \$34.69
	Contributor address; City; State; Zip Code Lubbock, TX 79413-5143	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuchlik, Katie (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thigpen, Rayford (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Jefferson, TX 75657-1851	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/42 Rpt: 41/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Michelle (Dr.)	7 Amount of Contribution (\$) \$32.85
	6 Contributor address; City; State; Zip Code Houston, TX 77025-3508	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Scott (Dr.)	Amount of Contribution (\$) \$22.91
	Contributor address; City; State; Zip Code Plano, TX 75023-7934	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Brandi (Dr.)	Amount of Contribution (\$) \$33.53
	Contributor address; City; State; Zip Code El Paso, TX 79912-4678	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tran, Huyen (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78249-2078	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ure, Derid (Dr.)	Amount of Contribution (\$) \$35.82
	Contributor address; City; State; Zip Code Lubbock, TX 79424-5041	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/42 Rpt: 42/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uriegas, Melissa (Dr.)	7 Amount of Contribution (\$) \$33.83
6 Contributor address; City; State; Zip Code Harlingen, TX 78552-9055		
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallone, Alessandro (Dr.)	Amount of Contribution (\$) \$34.70
Contributor address; City; State; Zip Code Laredo, TX 78041-2327		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderbrook, Drew (Dr.)	Amount of Contribution (\$) \$42.62
Contributor address; City; State; Zip Code Dallas, TX 75214-2367		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Guadalupe (Dr.)	Amount of Contribution (\$) \$20.48
Contributor address; City; State; Zip Code El Paso, TX 79902-1526		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedon, Kyle (Dr.)	Amount of Contribution (\$) \$37.41
Contributor address; City; State; Zip Code Mineola, TX 75773-2029		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/42 Rpt: 43/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Lindsey Luann (Dr.)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Houston, TX 77018	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wengler, Christina (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Antonio, TX 78231-2205	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-6061	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209-6061	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wildey, Rex (Dr.)	Amount of Contribution (\$) \$28.18
	Contributor address; City; State; Zip Code San Antonio, TX 78231-1892	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/42 Rpt: 44/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Joshua (Dr.)	7 Amount of Contribution (\$) \$34.78
	6 Contributor address; City; State; Zip Code Plano, TX 75024-4335	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams Jr., Claude (Dr.)	Amount of Contribution (\$) \$42.62
	Contributor address; City; State; Zip Code Dallas, TX 75229-2936	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Blake (Dr.)	Amount of Contribution (\$) \$34.79
	Contributor address; City; State; Zip Code Dallas, TX 75214-0969	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Bart (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Wayne (Dr.)	Amount of Contribution (\$) \$30.60
	Contributor address; City; State; Zip Code Dallas, TX 75230-2050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/42 Rpt: 45/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.)	7 Amount of Contribution (\$) \$30.73
	6 Contributor address; City; State; Zip Code Comfort, TX 78013-3705	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Hee (Dr.)	Amount of Contribution (\$) \$41.58
	Contributor address; City; State; Zip Code Houston, TX 77089-6254	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Dennis (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247-1004	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 46/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/01/2024	5 Corporation / Labor Organization name Texas Dental Association	6 Amount (\$) 13,572.30

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 47/47
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/01/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$129.95
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767	
	7 Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer