

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)	\$ 22,052.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,940,994.70
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	\$ 8,479.95
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 13,572.30
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 139.12

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/35 Rpt: 4/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addington, Danny (Dr.)	7 Amount of Contribution (\$) \$14.54
	6 Contributor address; City; State; Zip Code Atlanta, TX 75551-2625	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/11/2024	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 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Henry (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Arlington, TX 76013-2101	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvey, Dallas (Dr.)	Amount of Contribution (\$) \$9.66
	Contributor address; City; State; Zip Code Cypress, TX 77433-7176	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderton, Xochitl (Dr.)	Amount of Contribution (\$) \$21.65
	Contributor address; City; State; Zip Code Post, TX 79356-3234	
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: 2/35 Rpt: 5/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Erin (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78731-2901	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bandy, Donald (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Camden, ME 04843-4351	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79109-4145	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baucum, Darryl (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Driftwood, TX 78619-4497	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumann, Todd (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75225-5930	
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: 3/35 Rpt: 6/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belean, Pompilia (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737-2805	7 Amount of Contribution (\$) \$17.15
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellingham, Nicole (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-7339	Amount of Contribution (\$) \$21.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmond, Heather (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-3941	Amount of Contribution (\$) \$32.86
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, Carl (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-3805	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Louis-Philippe (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77060-1307	Amount of Contribution (\$) \$9.66
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: 4/35 Rpt: 7/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	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 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Jeffery (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78749-3802	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunson, Jeffery (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78749-3802	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	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)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calogero, Yoneida (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alice, TX 78332-4188	
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: 5/35 Rpt: 8/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canzoneri, Teresa (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-6014	7 Amount of Contribution (\$) \$22.79
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Omel (Dr.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8349	Amount of Contribution (\$) \$28.41
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo III, Miguel (Dr.) <hr/> Contributor address; City; State; Zip Code Mission, TX 78572-6049	Amount of Contribution (\$) \$28.41
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028-1300	Amount of Contribution (\$) \$48.25
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong, Sonia (Dr.) <hr/> Contributor address; City; State; Zip Code Socorro, TX 79927-3536	Amount of Contribution (\$) \$13.68
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: 6/35 Rpt: 9/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, R. Lee (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-5358	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coerver, Brian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-9260	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley, Emily (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Georgetown, TX 78628-2099	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Ralph A. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77054	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, David (Dr.)	Amount of Contribution (\$)
	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: 7/35 Rpt: 10/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Janet (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Spicewood, TX 78669-3113	
8 Principal occupation / Job title (See Instructions) Spouse		9 Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutbirth Jr., William (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2731	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	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 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Vanessa (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Laredo, TX 78041	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Camie (Dr.)	Amount of Contribution (\$) \$21.65
	Contributor address; City; State; Zip Code Lubbock, TX 79413-5760	
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: 8/35 Rpt: 11/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Yvette (Dr.)	7 Amount of Contribution (\$) \$6.90
	6 Contributor address; City; State; Zip Code El Paso, TX 79936-8610	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Francys (Dr.)	Amount of Contribution (\$) \$0.53
	Contributor address; City; State; Zip Code Austin, TX 78731-2633	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Fuente Jr., Rene (Dr.)	Amount of Contribution (\$) \$14.54
	Contributor address; City; State; Zip Code El Paso, TX 79936-5177	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Santis, Rocco (Dr.)	Amount of Contribution (\$) \$26.54
	Contributor address; City; State; Zip Code Kilgore, TX 75662-5950	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreher, Joan (Dr.)	Amount of Contribution (\$) \$17.92
	Contributor address; City; State; Zip Code San Antonio, TX 78248-2330	
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: 9/35 Rpt: 12/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dutton, Melonie (Dr.)	7 Amount of Contribution (\$) \$28.17
	6 Contributor address; City; State; Zip Code Texas City, TX 77590-5413	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dutton, Melonie (Dr.)	Amount of Contribution (\$) \$25.77
	Contributor address; City; State; Zip Code Texas City, TX 77590-5413	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	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)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Jordan (Dr.)	Amount of Contribution (\$) \$15.85
	Contributor address; City; State; Zip Code Dallas, TX 75214-4445	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Jordan (Dr.)	Amount of Contribution (\$) \$15.85
	Contributor address; City; State; Zip Code Dallas, TX 75214-4445	
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: 10/35 Rpt: 13/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fray, David (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77054-2032	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadia, Rocelle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78574-3317	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Roberto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Conroe, TX 77304-4992	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Robert Wesley (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78217-4659	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Cody (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Goldthwaite, TX 76844-0690	
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: 11/35 Rpt: 14/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Nikki (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-5020	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Darian (Dr.)	Amount of Contribution (\$) \$7.78
	Contributor address; City; State; Zip Code Irving, TX 75063-3456	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	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 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert-Schoener, Stacy (Dr.)	Amount of Contribution (\$) \$9.66
	Contributor address; City; State; Zip Code Houston, TX 77096-3737	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Annalisa (Dr.)	Amount of Contribution (\$) \$33.07
	Contributor address; City; State; Zip Code Austin, TX 78748-5704	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/35 Rpt: 15/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Matthew (Dr.)	7 Amount of Contribution (\$) \$17.15
	6 Contributor address; City; State; Zip Code Austin, TX 78748-5704	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/11/2024	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 04/11/2024	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 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Darin (Dr.)	Amount of Contribution (\$) \$0.53
	Contributor address; City; State; Zip Code Fredericksburg, TX 78624-4444	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hosseini, Amir (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258-4235	
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: 13/35 Rpt: 16/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, James (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-1132	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman Jr., Thomas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77024-1135	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Issa-Abbas, Tam (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78238-1454	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffords, Leticia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78230-5469	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75074-5750	
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: 14/35 Rpt: 17/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Iii III, Paul (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2734	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy III, Paul (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413-2734	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiesel, Donna (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Coppell, TX 75019-9606	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78749-6522	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78749-6522	
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: 15/35 Rpt: 18/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78738-5530	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jasmine (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76123-2094	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jered (Dr.)	Amount of Contribution (\$) \$16.95
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-4439	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jacob (Dr.)	Amount of Contribution (\$) \$17.15
	Contributor address; City; State; Zip Code Tyler, TX 75703-6217	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Tim (Dr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Granbury, TX 76048-6616	
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: 16/35 Rpt: 19/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Jamie (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Garden Ridge, TX 78266-6400	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kotlarek, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77079-5428	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	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 04/11/2024	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)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemke, Kelly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Shavano Park, TX 78249-2071	
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: 17/35 Rpt: 20/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Brandi (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78212-1909	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindt, Chadwick (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Decatur, TX 76234-3721	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftin, Jennifer (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alice, TX 78332-3846	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Diego (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78254-4537	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovering, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hurst, TX 76054-3439	
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: 18/35 Rpt: 21/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luquis-Aponte, Wilma (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code El Paso, TX 79912-4806	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Nichole (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Manor, TX 78653-5455	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marr, Karina (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75218-3437	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Gregory (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Greenville, TX 75402-6309	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Lisa B. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78216-4361	
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: 19/35 Rpt: 22/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, John (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757-4435	7 Amount of Contribution (\$) \$17.15
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Christina Marie (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78252	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Matthew (Dr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414-2873	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moers, James (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-4011	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, John (Dr.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-4590	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: 20/35 Rpt: 23/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montroy, Tamra (Dr.)	7 Amount of Contribution (\$) \$35.75
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76177-3540	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/11/2024	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 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, Brian (Dr.)	Amount of Contribution (\$) \$9.66
	Contributor address; City; State; Zip Code Houston, TX 77070-6208	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ne, Rita (Dr.)	Amount of Contribution (\$) \$7.78
	Contributor address; City; State; Zip Code Dallas, TX 75229-6316	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Howard (Dr.)	Amount of Contribution (\$) \$21.50
	Contributor address; City; State; Zip Code Frisco, TX 75034-6816	
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: 21/35 Rpt: 24/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Helena (Dr.)	7 Amount of Contribution (\$) \$7.78
	6 Contributor address; City; State; Zip Code Dallas, TX 75206-5400	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Nicholas (Dr.)	Amount of Contribution (\$) \$7.78
	Contributor address; City; State; Zip Code Dallas, TX 75206-5400	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/10/2024	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)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieves, Francisco (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76116-8118	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Kathy (Dr.)	Amount of Contribution (\$) \$9.66
	Contributor address; City; State; Zip Code Bellaire, TX 77401-3122	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/35 Rpt: 25/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, AnnMarie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759-4141	7 Amount of Contribution (\$) \$34.64
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opaneye, Oluwakare (Dr.) <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577-6352	Amount of Contribution (\$) \$25.21
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opaneye, Oluwakare (Dr.) <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577-6352	Amount of Contribution (\$) \$24.79
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-2286	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, C Steve (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78752-3733	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/35 Rpt: 26/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jane (Dr.)	7 Amount of Contribution (\$) \$7.15
	6 Contributor address; City; State; Zip Code Waco, TX 76712-4064	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Brendon (Dr.)	Amount of Contribution (\$) \$28.04
	Contributor address; City; State; Zip Code League City, TX 77573-1551	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Elineida (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605-5908	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Eric (Dr.)	Amount of Contribution (\$) \$9.66
	Contributor address; City; State; Zip Code Houston, TX 77040-5795	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters III, Charles (Dr.)	Amount of Contribution (\$) \$17.92
	Contributor address; City; State; Zip Code San Antonio, TX 78253-6332	
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: 24/35 Rpt: 27/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Aidan (Dr.)	7 Amount of Contribution (\$) \$21.50
	6 Contributor address; City; State; Zip Code Plano, TX 75074-0051	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips III, William (Dr.)	Amount of Contribution (\$) \$7.78
	Contributor address; City; State; Zip Code Dallas, TX 75225-6301	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picot, Bradford (Dr.)	Amount of Contribution (\$) \$29.16
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitarra, Sarah (Dr.)	Amount of Contribution (\$) \$30.97
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411-4439	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitarra, Sarah (Dr.)	Amount of Contribution (\$) \$27.65
	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: 25/35 Rpt: 28/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter III, Zeb (Dr.)	7 Amount of Contribution (\$) \$39.10
	6 Contributor address; City; State; Zip Code Houston, TX 77051-1905	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James (Dr.)	Amount of Contribution (\$) \$15.30
	Contributor address; City; State; Zip Code Westworth Village, TX 76114-4106	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdy, John (Dr.)	Amount of Contribution (\$) \$187.10
	Contributor address; City; State; Zip Code El Paso, TX 79925-6793	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Qamar, Saqib (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Webster, TX 77598-4148	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Charles (Dr.)	Amount of Contribution (\$) \$100.46
	Contributor address; City; State; Zip Code Victoria, TX 77901-5261	
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: 26/35 Rpt: 29/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Charles (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Victoria, TX 77901-5261	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Michael Andrew (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/10/2024	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 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathke, Bryan (Dr.)	Amount of Contribution (\$) \$29.15
	Contributor address; City; State; Zip Code Huntsville, TX 77340-7316	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rea, F (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Longview, TX 75605-5054	
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: 27/35 Rpt: 30/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Shane (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Prosper, TX 75078-8467	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Athens, TX 75751-2136	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Athens, TX 75751-2136	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouch, Barry (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759-4013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sainju, Puja (Dr.)	Amount of Contribution (\$)
	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: 28/35 Rpt: 31/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaggs, Melissa (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Carrollton, TX 75006-1696	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Laura (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Christopher (Dr.)	Amount of Contribution (\$) \$17.92
	Contributor address; City; State; Zip Code San Antonio, TX 78249-3482	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Shaneka (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Paris, TX 75462-5129	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seal, D (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75225-6401	
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: 29/35 Rpt: 32/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sehnert, Phillip (Dr.)	7 Amount of Contribution (\$) \$4.89
	6 Contributor address; City; State; Zip Code Lewisville, TX 75057-3628	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidler, Daryl (Dr.)	Amount of Contribution (\$) \$7.78
	Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2129	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Sunil (Dr.)	Amount of Contribution (\$) \$17.15
	Contributor address; City; State; Zip Code Austin, TX 78759-8935	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Arthur (Dr.)	Amount of Contribution (\$) \$9.90
	Contributor address; City; State; Zip Code San Angelo, TX 76901-5214	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Thalia (Dr.)	Amount of Contribution (\$) \$29.99
	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: 30/35 Rpt: 33/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Thomas (Dr.)	7 Amount of Contribution (\$) \$32.05
	6 Contributor address; City; State; Zip Code Plano, TX 75024-5444	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Thomas (Dr.)	Amount of Contribution (\$) \$27.32
	Contributor address; City; State; Zip Code Plano, TX 75024-5444	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Harold (Dr.)	Amount of Contribution (\$) \$7.78
	Contributor address; City; State; Zip Code Plano, TX 75093-4122	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Timothy (Dr.)	Amount of Contribution (\$) \$26.54
	Contributor address; City; State; Zip Code Abilene, TX 79605-2863	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Damon (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75093-8631	
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: 31/35 Rpt: 34/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperry, Stephen (Dr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Lubbock, TX 79423	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Elizabeth (Dr.)	Amount of Contribution (\$) \$24.65
	Contributor address; City; State; Zip Code Gatesville, TX 76528-1029	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staffel, Scott (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Bedford, TX 76021-3204	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Debra (Dr.)	Amount of Contribution (\$) \$47.24
	Contributor address; City; State; Zip Code Houston, TX 77096-6036	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Colton (Dr.)	Amount of Contribution (\$) \$21.65
	Contributor address; City; State; Zip Code Lubbock, TX 79413-5143	
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: 32/35 Rpt: 35/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuchlik, Katie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023-7934	Amount of Contribution (\$) \$31.86
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurber, James (Dr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79423-1428	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Brandi (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-4678	Amount of Contribution (\$) \$23.53
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ure, Derid (Dr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424-5041	Amount of Contribution (\$) \$5.03
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: 33/35 Rpt: 36/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uriegas, Melissa (Dr.) 6 Contributor address; City; State; Zip Code Harlingen, TX 78552-9055	7 Amount of Contribution (\$) \$19.67
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallone, Alessandro (Dr.) Contributor address; City; State; Zip Code Laredo, TX 78041-2327	Amount of Contribution (\$) \$7.15
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderbrook, Drew (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75214-2367	Amount of Contribution (\$) \$7.78
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedon, Kyle (Dr.) Contributor address; City; State; Zip Code Mineola, TX 75773-2029	Amount of Contribution (\$) \$17.15
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Lindsey Luann (Dr.) Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/35 Rpt: 37/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-6061	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Jon (Dr.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77382-2773	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willey, Rex (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231-1892	Amount of Contribution (\$) \$34.18
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Joshua (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024-4335	Amount of Contribution (\$) \$21.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams Jr., Claude (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-2936	Amount of Contribution (\$) \$7.78
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: 35/35 Rpt: 38/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Blake (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75214-0969	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Annie (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.)	Amount of Contribution (\$) \$19.89
	Contributor address; City; State; Zip Code Comfort, TX 78013-3705	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Hee (Dr.)	Amount of Contribution (\$) \$9.66
	Contributor address; City; State; Zip Code Houston, TX 77089-6254	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarrabi, Saam (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76102-6566	
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: 39/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/01/2024	5 Corporation / Labor Organization name Texas Dental Association	6 Amount (\$) 13,572.30

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 40/41	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
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4 Date 04/25/2024	5 Payee name Brent Hagenbuch Campaign
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2800 Shoreline Dr #310 Denton, TX 76210
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/25/2024	Payee name Morgan LaMantia Campaign
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Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1324 E Madison Brownsville, TX 78520
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 41/41
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 04/01/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$139.12
	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