

**MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC  
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers) 00015960		<b>2</b> Total pages filed: 18	
<b>3</b> COMMITTEE NAME Texas Dental Association Political Action Committee				<b>OFFICE USE ONLY</b>	
				Date Received ELECTRONICALLY FILED 07/08/2024	
<b>4</b> 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	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI	
	Dr.	Daniel			Receipt # Amount
	NICKNAME	LAST		SUFFIX	Date Processed
		O'Dell			Date Imaged
<b>6</b> 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				
<b>7</b> 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				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	443-3675			
<b>9</b> REPORT TYPE	<input checked="checked" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
<b>10</b> MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input checked="checked" 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				
<b>11</b> PERIOD COVERED	Month Day Year		THROUGH	Month Day Year	
	05/26/2024			06/25/2024	

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,513.20
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 8,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,961,612.78
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

<b>17 COMMITTEE NAME</b> Texas Dental Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015960
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,940.90
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	\$ 8,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 132.13

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/18
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Kent (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-1162	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2024	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 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Stephen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028-1300	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chong, Sonia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Socorro, TX 79927-3536	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clitheroe, R. Lee (Dr.)	Amount of Contribution (\$)
	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/18
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooley, Ralph A. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danna, Jodi (Dr.) <hr/> Contributor address; City; State; Zip Code  Prosper, TX 75078-7611	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dutton, Melonie (Dr.) <hr/> Contributor address; City; State; Zip Code  Texas City, TX 77590-5413	Amount of Contribution (\$)  \$0.98
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Franklin, Jordan (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214-4445	Amount of Contribution (\$)  \$26.71
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Franzen, John (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77063-4709	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/18
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Robert Wesley (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78217-4659	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 06/06/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Han, Eric (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Corinth, TX 76210-2863	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 06/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Shad (Dr.)	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074-5846	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 06/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ron (Dr.)	<b>Amount of Contribution (\$)</b> \$120.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77027-6038	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 06/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.)	<b>Amount of Contribution (\$)</b> \$187.10
	<b>Contributor address; City; State; Zip Code</b>  Katy, TX 77494	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/18
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Issa-Abbas, Tam (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78238-1454	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimes, Jonathon (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749-6522	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimes, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738-5530	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Labbe, Paul (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205-2102	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Ronald (Dr.) <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034-5905	Amount of Contribution (\$)  \$187.10
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/18
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Diego (Dr.)	<b>7</b> Amount of Contribution (\$)  \$22.33
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78254-4537	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masters, Lisa B. (Dr.)	Amount of Contribution (\$)  \$120.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78216-4361	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meiners, Christina Marie (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78252	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2024	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 06/10/2024	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)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/18
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson, AnnMarie (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-4141	<b>7</b> Amount of Contribution (\$)  \$37.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 06/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Glenda (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77007-2286	<b>Amount of Contribution (\$)</b>  \$85.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 06/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, C Steve (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78752-3733	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 06/12/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peng, Cong (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Pearland, TX 77584-8725	<b>Amount of Contribution (\$)</b>  \$49.60
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 06/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Potter, Richard (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Helotes, TX 78023-4522	<b>Amount of Contribution (\$)</b>  \$120.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/18
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Purdy, John (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925-6793	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 06/12/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rader, Charles (Dr.)	<b>Amount of Contribution (\$)</b> \$49.60
	<b>Contributor address; City; State; Zip Code</b>  Victoria, TX 77901-5261	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 06/11/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rainwater, Michael Andrew (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75205	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 06/10/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rashall, Gregory (Dr.)	<b>Amount of Contribution (\$)</b> \$120.00
	<b>Contributor address; City; State; Zip Code</b>  Liberty, TX 77575	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 06/12/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ricci, Shane (Dr.)	<b>Amount of Contribution (\$)</b> \$50.33
	<b>Contributor address; City; State; Zip Code</b>  Prosper, TX 75078-8467	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/18
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 06/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schott, Laura (Dr.)	7 Amount of Contribution (\$)  \$50.00
	6 Contributor address; City; State; Zip Code  Cypress, TX 77433	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sperry, Stephen (Dr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2024	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 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wendt, Lindsey Luann (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Houston, TX 77018	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/10/2024	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)

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 12/18
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/01/2024	<b>5</b> Corporation / Labor Organization name Texas Dental Association	<b>6</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 13/18	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/13/2024	<b>5</b> Payee name AJ Louderback Campaign	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1792  Victoria, TX 77902	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2024	Payee name Cecilia Castellano Campaign	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 430 Savannah Heights  Von Ormy, TX 78073	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2024	Payee name Charlene Ward Johnson Campaign	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 925775  Houston, TX 77292	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 14/18	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/13/2024	<b>5</b> Payee name David Lowe for Texas	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 9017 Cedar Breaks Dr  North Richland Hills, TX 76182	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2024	Payee name Helen Kerwin Campaign	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 420 Grand Avenue  Glen Rose, TX 76043	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2024	Payee name Hopper4Texas	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1052  Decatur, TX 76234	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# 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.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 15/18	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
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<b>4</b> Date 06/13/2024	<b>5</b> Payee name Jeff Barry Campaign
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4418 Broadway St  Pearland, TX 77581
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/13/2024	Payee name John McQueeney Campaign
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 100458  Fort Worth, TX 76185
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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Date 06/13/2024	Payee name Katrina Pierson Campaign
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 609 Goliad St #672  Rockwall, TX 75087
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 16/18	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
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<b>4</b> Date 06/13/2024	<b>5</b> Payee name Keresa for Texas Campaign
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1179  McKinney, TX 75070
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/13/2024	Payee name Lauren Simmons Campaign
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 56386  Houston, TX 77256
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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Date 06/13/2024	Payee name Philip Cortez Campaign
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7919 Liberty Island  San Antonio, TX 78227
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 17/18	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
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<b>4</b> Date 06/13/2024	<b>5</b> Payee name Schoolcraft for Texas
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 8647 FM 725  McQueeney, TX 78123
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/13/2024	Payee name Trey Wharton Campaign
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1242  Huntsville, TX 77342
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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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Date 06/13/2024	Payee name Vince Perez Campaign
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 71309  El Paso, TX 79917
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 18/18
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/01/2024	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$) \$132.13
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78767	
	<b>7</b> Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer