

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015960	2 Total pages filed: 12	
3 COMMITTEE NAME Texas Dental Association Political Action Committee			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 08/29/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1946 S IH35 Ste 400 Austin, TX 78704-3644		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Dr.	FIRST Daniel	MI MI	Receipt # Amount
	NICKNAME	LAST O'Dell	SUFFIX	Date Processed
				Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1946 S IH35 Ste 400 Austin, TX 78704-3644			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1946 S IH35 Ste 400 Austin, TX 78704-3644			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	443-3675		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5			
11 PERIOD COVERED	Month Day Year 07/26/2024		THROUGH	Month Day Year 08/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,397.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,980,303.96
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	\$ 2,825.58
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 13,572.30
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 132.61

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/12
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Casey (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Duncanville, TX 75137-3821	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Stephen (Dr.)	Amount of Contribution (\$) \$64.33
	Contributor address; City; State; Zip Code Flower Mound, TX 75028-1300	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, R. Lee (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-5358	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Ralph A. (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Houston, TX 77054	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Janet (Mrs.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Spicewood, TX 78669-3113	
Principal occupation / Job title (See Instructions) Spouse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/12
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Prosper, TX 75078-7611	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, John (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code McAllen, TX 78501-1921	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Robert Wesley (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78217-4659	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/11/2024	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 08/11/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/12
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Katy, TX 77494	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 08/11/2024	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)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78738-5530	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/11/2024	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 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loar, Roberto (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704-1957	
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: 4/7 Rpt: 7/12
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Lisa B. (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78216-4361	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Christina Marie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78252	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Rafael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78216-3553	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morganti, Mario (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, Scott (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/12
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando A. (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78228-5500	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda (Dr.)	Amount of Contribution (\$) \$85.00
	Contributor address; City; State; Zip Code Houston, TX 77007-2286	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, C Steve (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78752-3733	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Richard (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Helotes, TX 78023-4522	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/11/2024	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/12
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Michael Andrew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75205	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 08/12/2024	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 08/11/2024	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 08/11/2024	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 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Debra (Dr.)	Amount of Contribution (\$) \$12.95
	Contributor address; City; State; Zip Code Houston, TX 77096-6036	
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: 7/7 Rpt: 10/12
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuchlik, Katie (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Katy, TX 77494	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Lindsey Luann (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209-6061	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Younus, Fabia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77018-6149	
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: 11/12
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 08/01/2024	5 Corporation / Labor Organization name Texas Dental Association	6 Amount (\$) 13,572.30

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 12/12
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 08/01/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$132.61
	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