

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00015952	<b>2</b> Total pages filed: 24	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Texas Dental Hygienists' Political Action Committee	Date Received <b>ELECTRONICALLY FILED</b> 10/27/2024		
<b>4</b> TREASURER NAME Terry, Melissa (Mrs.)	Date Hand-delivered or Date Postmarked		
<b>5</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Imaged
	07/01/2024	THROUGH 09/26/2024	

**7 EXPLANATION OF CORRECTION**  
 On the report totals Line 5 under total political contributions maintained as of the last day of the reporting period I entered \$0 instead of the amount that is should have been entered \$70668.54. I realized the error when working on the 8 day before election report.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Melissa Terry  
 \_\_\_\_\_  
 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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00015952	<b>2</b> Total pages filed: 24
<b>3</b> COMMITTEE NAME Texas Dental Hygienists' Political Action Committee		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 10/27/2024	
		Date Hand-delivered or Date Postmarked	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2310 Veterans Avenue  Copperas Cove , TX 76522		
	Receipt #		Amount
Date Processed			
Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Melissa	
NICKNAME		LAST	SUFFIX
		Terry	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2310 Veterans Avenue  Copperas Cove, TX 76522		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  TX		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (512) 585-9697		
	REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED Month Day Year      THROUGH      Month Day Year 07/01/2024      09/26/2024			
<b>11</b> ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Dental Hygienists' Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00015952
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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)	\$ 2,898.34
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 253.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 70,668.54
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.

Mrs. Melissa Terry  
\_\_\_\_\_  
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 - GPAC

<b>17 COMMITTEE NAME</b> Texas Dental Hygienists' Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015952
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,898.34
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 type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 253.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 139.56
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/17 Rpt: 5/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 07/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aldana, Brittany <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aldana, Brittany <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aldana, Brittany <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allaire, Joanna <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allaire, Joanna <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RDH		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: 2/17 Rpt: 6/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allaire, Joanna <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackburn, Debra <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackburn, Debra <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackburn, Debra <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowie, Cassandra <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75181	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		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: 3/17 Rpt: 7/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowie, Cassandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mesquite, TX 75181	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowie, Cassandra <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75181	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christensen, Layla <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christensen, Layla <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christensen, Layla <hr/> Contributor address; City; State; Zip Code  College Station, TX 77845	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) RDH		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: 4/17 Rpt: 8/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Christensen, Layla <hr/> <b>6</b> Contributor address; City; State; Zip Code  College Station, TX 77845	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
<b>Date</b> 07/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crow, Mara <hr/> <b>Contributor address; City; State; Zip Code</b>  Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b>  \$5.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<b>Employer (See Instructions)</b>
<b>Date</b> 08/20/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crow, Mara <hr/> <b>Contributor address; City; State; Zip Code</b>  Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b>  \$5.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<b>Employer (See Instructions)</b>
<b>Date</b> 09/18/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crow, Mara <hr/> <b>Contributor address; City; State; Zip Code</b>  Cedar Park, TX 78613	<b>Amount of Contribution (\$)</b>  \$5.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<b>Employer (See Instructions)</b>
<b>Date</b> 07/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Do, Angela <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77042	<b>Amount of Contribution (\$)</b>  \$10.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<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: 5/17 Rpt: 9/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Do, Angela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77042	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Do, Angela <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Farias, Illiana <hr/> Contributor address; City; State; Zip Code  Mission, TX 78574	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frank, Denise <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frank, Denise <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RDH		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: 6/17 Rpt: 10/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frank, Denise <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Hope <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Hope <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Hope <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golden, Kayla <hr/> Contributor address; City; State; Zip Code  Elysian Fields, TX 75642	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RDH		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: 7/17 Rpt: 11/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golden, Kayla <hr/> <b>6</b> Contributor address; City; State; Zip Code  Elysian Fields, TX 75642	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golden, Kayla <hr/> Contributor address; City; State; Zip Code  Elysian Fields, TX 75642	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greer, Shawna <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$133.34
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greer, Shawna <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greer, Shawna <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		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: 8/17 Rpt: 12/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 09/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greer, Shawna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77346	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
<b>Date</b> 07/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groves, Connie <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77062	<b>Amount of Contribution (\$)</b>  \$30.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<b>Employer (See Instructions)</b>
<b>Date</b> 08/20/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groves, Connie <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77062	<b>Amount of Contribution (\$)</b>  \$30.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<b>Employer (See Instructions)</b>
<b>Date</b> 09/18/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groves, Connie <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77062	<b>Amount of Contribution (\$)</b>  \$30.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<b>Employer (See Instructions)</b>
<b>Date</b> 07/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Miriam <hr/> <b>Contributor address; City; State; Zip Code</b>  Stafford, TX 77477	<b>Amount of Contribution (\$)</b>  \$10.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<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: 9/17 Rpt: 13/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Miriam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Stafford, TX 77477	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Miriam <hr/> Contributor address; City; State; Zip Code  Stafford, TX 77477	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maginn, Tricia <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maginn, Tricia <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maginn, Tricia <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) RDH		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: 10/17 Rpt: 14/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Victoria	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Port Mansfield, TX 78598		
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Mercedes	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78252		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Mercedes	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78252		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Mercedes	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  San Antonio, TX 78252		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nobles, Cathy	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  Plano, TX 75093		
Principal occupation / Job title (See Instructions) RDH		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: 11/17 Rpt: 15/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nobles, Cathy	<b>7</b> Amount of Contribution (\$) \$40.00
<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093		
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nobles, Cathy	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  Plano, TX 75093		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Picard-Sanchez, Helene	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code  McAllen, TX 78504		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce, Cindie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce, Cindie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  Aledo, TX 76008		
Principal occupation / Job title (See Instructions) RDH		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: 12/17 Rpt: 16/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pierce, Cindie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Aledo, TX 76008	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RODDY, SARAH <hr/> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RODDY, SARAH <hr/> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RODDY, SARAH <hr/> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salazar-Mendoza, Sandra <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78252	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RDH		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: 13/17 Rpt: 17/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salazar-Mendoza, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78252	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salazar-Mendoza, Sandra <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78252	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TESCH, SANDY <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terry, Melissa <hr/> Contributor address; City; State; Zip Code  Copperas Cove, TX 76522	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terry, Melissa <hr/> Contributor address; City; State; Zip Code  Copperas Cove, TX 76522	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) RDH		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: 14/17 Rpt: 18/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terry, Melissa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Copperas Cove, TX 76522	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
<b>Date</b> 09/05/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Terry, Melissa <hr/> <b>Contributor address; City; State; Zip Code</b>  Copperas Cove, TX 76522	<b>Amount of Contribution (\$)</b>  \$20.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<b>Employer (See Instructions)</b>
<b>Date</b> 07/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tesch, Sandy <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78729	<b>Amount of Contribution (\$)</b>  \$35.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<b>Employer (See Instructions)</b>
<b>Date</b> 08/20/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tesch, Sandy <hr/> <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78729	<b>Amount of Contribution (\$)</b>  \$35.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<b>Employer (See Instructions)</b>
<b>Date</b> 07/17/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tuel, Karen <hr/> <b>Contributor address; City; State; Zip Code</b>  Round Mountain, TX 78663	<b>Amount of Contribution (\$)</b>  \$65.00
<b>Principal occupation / Job title (See Instructions)</b> RDH		<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: 15/17 Rpt: 19/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 08/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tuel, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Mountain, TX 78663	<b>7</b> Amount of Contribution (\$)  \$65.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tuel, Karen <hr/> Contributor address; City; State; Zip Code  Round Mountain, TX 78663	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Pelt, Daniel <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Pelt, Daniel <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Pelt, Daniel <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) RDH		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: 16/17 Rpt: 20/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 07/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vetter, Melissa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78634	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vetter, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78634	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vetter, Melissa <hr/> Contributor address; City; State; Zip Code  Austin, TX 78634	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winkler, LeeAnn <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75181	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RDH		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winkler, LeeAnn <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75181	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RDH		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: 17/17 Rpt: 21/24
<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winkler, LeeAnn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mesquite, TX 75181	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) RDH		<b>9</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 22/24	<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 07/17/2024	<b>5</b> Payee name Amazon Marketplace	
<b>6</b> Amount (\$) \$253.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle, WA 98109-5210	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<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 Door prizes for fundraising event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Texas Dental Hygienists' Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015952
4 Date 07/18/2024	5 Payee name PayPal	
6 Amount (\$)  0.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2211 North First Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) PayPal platform fee
Date 08/22/2024	Payee name PayPal	
Amount (\$)  0.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Usage of PayPal platform fee
Date 09/19/2024	Payee name PayPal	
Amount (\$)  0.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2211 North First Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for PayPal Platform
Date 08/12/2024	Payee name Quicken	
Amount (\$)  51.03 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3760 Haven Avenue  Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Subscription fee for Quicken software

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/2 Rpt:	<b>2</b> FILER NAME Texas Dental Hygienists' Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015952
<b>4</b> Date 07/19/2024	<b>5</b> Payee name Square	
<b>6</b> Amount (\$) 31.61 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Usage of Square platform fees
Date 08/22/2024	Payee name Square	
Amount (\$) 27.29 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Usage of Square platform fee
Date 09/18/2024	Payee name Square	
Amount (\$) 26.79 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Fees for Square platform
Date 09/23/2024	Payee name Square	
Amount (\$) 0.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Fees for using Square platform