CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00015952 Date Received COMMITTEE Texas Dental Hygienists' Political Action Committee **ELECTRONICALLY FILED** NAME 10/27/2024 TREASURER Terry, Melissa (Mrs.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Month Day Year Day Date Imaged **COVERED THROUGH** 07/01/2024 09/26/2024 **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. 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 ____ _____, 20_____, to certify which, witness my hand and seal of office.

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

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Dental Hygienist	s' Political Action Comr	nittee	00015952	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,898.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	253.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	70,668.54
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Mel	issa Terry	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					4 of 24
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commission	n Filers)
Tex	kas Dei	ntal Hygienists' Political Action Committee	00015952		,
		E SUBTOTALS			
l		SCHEDULE		SUBTOTAL A	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,898.34
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	Ц		•		
		SCHEDULE B: PLEDGED CONTRIBUTIONS			
3.	Ш	\$			
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R		
4.	Ш	ORGANIZATION		\$	
			TION OF		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
	<u> </u>				
7	\Box	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
-					
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	253.00
				<u> </u>	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
1	Ш	SCHEDOLE 12. SWI AID INCOMMED OBLIGATIONS		3	
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	139.56
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
	<u> </u>	TO FILER			
i					
l					
l					
l					
I					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 5/24	
2	FILER NAME Texas Denta	l Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	Filers)
4	Date 07/17/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Deignigal	Corpus Christi, TX 78414	O Frankright (Cook la structions			
8	RDH	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#: Aldana, Brittany Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Corpus Christi, TX 78414				
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
		Corpus Christi, TX 78414				
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_Allaire, Joanna Contributor address; City; State; Zip Code The Woodlands, TX 77381)		Amount of Contribution (\$)	\$50.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_Allaire, Joanna Contributor address; City; State; Zip Code The Woodlands, TX 77381)		Amount of Contribution (\$)	\$50.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CON	ITRIBUTIONS	<u> </u>		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this form		1	Total pages Schedule A1: Sch: 2/17 Rpt: 6/24	
2	FILER NAME Texas Denta	l Hygienists' Political Action Commi	ttee		3	Filer ID (Ethics Commission 00015952	Filers)
4	Date 09/18/2024	 Full name of contributor ou Allaire, Joanna Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$50.00
		The Woodlands, TX 77381					
8	Principal occu RDH	pation / Job title (See Instructions)	9 6	Employer (See Instructions))		
	Date 07/17/2024	Full name of contributor ou Blackburn, Debra Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Richardson, TX 75080	1 .	Employer (See Instructions			
	RDH .	pation / Job title (See Instructions)		Employer (See Instructions)	,		
	Date 08/14/2024	Blackburn, Debra	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$10.00
		Richardson, TX 75080					
	Principal occu RDH	pation / Job title (See Instructions)	E	Employer (See Instructions))		
	Date 09/16/2024	Blackburn, Debra	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu RDH	pation / Job title (See Instructions)	E	Employer (See Instructions))		
	Date 07/17/2024	Bowie, Kassandra	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu RDH	pation / Job title (See Instructions)	E	Employer (See Instructions)		
			l .				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 7/24	
2	FILER NAME Texas Denta	l Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	Filers)
4	Date 08/20/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Mesquite, TX 75181 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/18/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Mesquite, TX 75181 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_ Christensen, Layla Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		College Station, TX 77845 pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Christensen, Layla Contributor address; City; State; Zip Code College Station, TX 77845			Amount of Contribution (\$)	\$30.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Christensen, Layla Contributor address; City; State; Zip Code College Station, TX 77845)		Amount of Contribution (\$)	\$40.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 8/24	
2	FILER NAME Texas Denta	l Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	Filers)
4	Date 09/18/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$30.00
_	5	College Station, TX 77845				
8	Principal occu RDH	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_ Crow, Mara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions			
	RDH	oution / Job title (See Instructions)	Employer (See Instructions	')		
	Date 08/20/2024	Full name of contributor			Amount of Contribution (\$)	\$5.00
		Cedar Park, TX 78613				
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Crow, Mara Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$5.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_ Do, Angela Contributor address; City; State; Zip Code Houston, TX 77042			Amount of Contribution (\$)	\$10.00
	Principal occu RDH	oation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 9/24	
2	FILER NAME Texas Denta	l Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	n Filers)
4	Date 08/20/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
	Dringing Loon	Houston, TX 77042	0 Employer (Coo Instructions			
8	RDH	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Do, Angela Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	RDH	,	. , (
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#:_Farias, Illiana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Mission, TX 78574				
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_Frank, Denise Contributor address; City; State; Zip Code Grand Prairie, TX 75052)		Amount of Contribution (\$)	\$50.00
	Principal occu RDH	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_Frank, Denise Contributor address; City; State; Zip Code Grand Prairie, TX 75052)		Amount of Contribution (\$)	\$50.00
	Principal occu RDH	oation / Job title (See Instructions)	Employer (See Instructions	·)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 10/24	
2	FILER NAME Texas Denta	I Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	Filers)
4	Date 09/18/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		Grand Prairie, TX 75052				
8	Principal occu RDH	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_Garza, Hope Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Houston, TX 77009 pation / Job title (See Instructions)	Employer (See Instructions			
	RDH	odition / Job title (See Instructions)	Employer (See manuchons	,		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_Garza, Hope Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Houston, TX 77009				
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_Garza, Hope Contributor address; City; State; Zip Code Houston, TX 77009			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_ Golden, Kayla Contributor address; City; State; Zip Code Elysian Fields, TX 75642)		Amount of Contribution (\$)	\$25.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions)		
		,				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 11/24	
2	FILER NAME Texas Denta	I Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	n Filers)
4	Date 08/20/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Elysian Fields, TX 75642				
8	Principal occu RDH	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/18/2024	Full name of contributor)		Amount of Contribution (\$)	\$25.00
	Principal occu	Elysian Fields, TX 75642 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	RDH					
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_ Greer, Shawna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$133.34
		Humble, TX 77346				
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Greer, Shawna Contributor address; City; State; Zip Code Humble, TX 77346			Amount of Contribution (\$)	\$10.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ Greer, Shawna Contributor address; City; State; Zip Code Humble, TX 77346			Amount of Contribution (\$)	\$10.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 12/24	
2	FILER NAME Texas Denta	l Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	n Filers)
4	Date 09/03/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	District	Humble, TX 77346	10 Facility (0.5 by 10.5)	_		
8	RDH	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID# Groves, Connie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	Houston, TX 77062 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	RDH	pation / 300 title (See instructions)	Employer (See instructions	•)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID# Groves, Connie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Houston, TX 77062				
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID# Groves, Connie Contributor address; City; State; Zip Code Houston, TX 77062)		Amount of Contribution (\$)	\$30.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID# Hernandez, Miriam Contributor address; City; State; Zip Code Stafford, TX 77477			Amount of Contribution (\$)	\$10.00
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CON	ITRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 13/24	
2	FILER NAME Texas Denta	l Hygienists' Political Action Commit	ttee		3	Filer ID (Ethics Commission 00015952	Filers)
4	Date 08/20/2024	 Full name of contributor out Hernandez, Miriam Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$10.00
		Stafford, TX 77477					
8	Principal occu RDH	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 09/20/2024	Full name of contributor out Hernandez, Miriam Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Stafford, TX 77477 pation / Job title (See Instructions)		Employer (See Instructions)		
	RDH	,			,		
	Date 07/17/2024	Full name of contributor out Maginn, Tricia Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$35.00
		Bryan, TX 77802					
	Principal occu RDH	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/20/2024	Maginn, Tricia	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$35.00
	Principal occu RDH	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/18/2024	Maginn, Tricia	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu RDH	pation / Job title (See Instructions)		Employer (See Instructions)		
			I				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/17 Rpt: 14/24	
2	FILER NAME Texas Denta	ıl Hygienists' Political Action (Committee		3	Filer ID (Ethics Commission 00015952	n Filers)
4	Date 07/01/2024	5 Full name of contributor Martin, Victoria6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$100.00
		Port Mansfield, TX 78598					
8	Principal occu RDH	pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Date 07/17/2024	Full name of contributor Mendoza, Mercedes Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78252 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> s)		
	Date 08/20/2024	Full name of contributor Mendoza, Mercedes Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$25.00
_		San Antonio, TX 78252 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> s)		
	Date 09/18/2024	Full name of contributor Mendoza, Mercedes Contributor address; City; S				Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78252 pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> S)		
	Date 07/17/2024	Full name of contributor Nobles, Cathy Contributor address; City; S Plano, TX 75093	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	<u>. </u>		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/17 Rpt: 15/24		
2	FILER NAME Texas Denta	FILER NAME Texas Dental Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	n Filers)	
4	Date 08/20/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$40.00	
_		Plano, TX 75093					
8	RDH	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Nobles, Cathy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00		
	Principal occu	Plano, TX 75093 pation / Job title (See Instructions)	Employer (See Instructions	;)			
	RDH						
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2024 Picard-Sanchez, Helene Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$150.00	
		McAllen, TX 78504					
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_ Pierce, Cindie Contributor address; City; State; Zip Code Aledo, TX 76008			Amount of Contribution (\$)	\$50.00	
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 Pierce, Cindie Contributor address; City; State; Zip Code Aledo, TX 76008			Amount of Contribution (\$)	\$50.00		
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions	()			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1.	1	Total pages Schedule A1: Sch: 12/17 Rpt: 16/24	
2	FILER NAME Texas Denta	l Hygienists' Political Action Commi	ittee		3	Filer ID (Ethics Commission 00015952	Filers)
4	Date 09/18/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$50.00	
		Aledo, TX 76008					
8	Principal occu RDH	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/17/2024 RODDY, SARAH Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00	
_	Principal occu	Spring Branch, TX 78070 pation / Job title (See Instructions)		Employer (See Instructions)		
	RDH						
	Date 08/20/2024	Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 RODDY, SARAH Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Spring Branch, TX 78070					
	Principal occu RDH	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/18/2024	Full name of contributor ou RODDY, SARAH Contributor address; City; State; Zij Spring Branch, TX 78070	tt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$25.00
	Principal occu RDH	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/17/2024	Full name of contributor ou Salazar-Mendoza, Sandra Contributor address; City; State; Zij San Antonio, TX 78252	p Code)		Amount of Contribution (\$)	\$20.00
	Principal occu RDH	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 17/24		
2	FILER NAME Texas Dental Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	Filers)		
4	Date 08/20/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$20.00	
8	Principal occu	San Antonio, TX 78252	• Employer (See Instructions				
0	RDH	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Salazar-Mendoza, Sandra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
	Principal occu	San Antonio, TX 78252 Dation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#: TESCH, SANDY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00	
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/17/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00	
	Principal occu	Copperas Cove, TX 76522 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Terry, Melissa Contributor address; City; State; Zip Code Copperas Cove, TX 76522)		Amount of Contribution (\$)	\$15.00	
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions)			
		-					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/17 Rpt: 18/24		
2	FILER NAME Texas Denta	l Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	Filers)	
4	Date 09/18/2024	5 Full name of contributor uut-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$15.00	
		Copperas Cove, TX 76522					
8	Principal occu RDH	pation / Job title (See Instructions)	9 Employer (See Instructions	s) 			
	Date Full name of contributor out-of-state PAC (ID#:) 09/05/2024 Terry, Melissa Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00		
	Principal occu	Copperas Cove, TX 76522 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)			
	Date 07/17/2024	te Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$35.00	
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instructions	 S)			
	RDH						
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Tesch, Sandy Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$35.00	
	Principal occu	Austin, TX 78729 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/17/2024 Tuel, Karen Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$65.00		
_	•	Round Mountain, TX 78663 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	RDH						

	MONET	ARY POLITICAL CONTRIE	SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 15/17 Rpt: 19/24	
2	FILER NAME Texas Denta	l Hygienists' Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015952	
4	Date 08/20/2024	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$65.00	
		Round Mountain, TX 78663			
8	Principal occu RDH	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Tuel, Karen Contributor address; City; State; Zip Code Round Mountain, TX 78663		Amount of Contribution (\$) \$65.00		
	Principal occu RDH	pation / Job title (See Instructions)	Employer (See Instructions] (S)	
	Date 07/17/2024			Amount of Contribution (\$) \$35.00	
	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
	Date 08/20/2024	Van Pelt, Daniel	PAC (ID#:)	Amount of Contribution (\$) \$35.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I S)	
	Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Van Pelt, Daniel Contributor address; City; State; Zip Code Corpus Christi, TX 78414		Amount of Contribution (\$) \$35.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
			,		

	MONETARY POLITICAL CONTRIBUTIONS				■ A1		
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 20/24	
2	FILER NAME Texas Dental Hygienists' Political Action Committee		3	Filer ID (Ethics Commission 00015952	ı Filers)		
4	Date 07/17/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$10.00	
		Austin, TX 78634					
8	Principal occu RDH	oation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/20/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78634 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	RDH						
	Date Full name of contributor out-of-state PAC (ID#:) 09/18/2024 Vetter, Melissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Austin, TX 78634					
	Principal occu RDH	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/17/2024	Full name of contributor out-of-state PAC Winkler, LeeAnn Contributor address; City; State; Zip Code Mesquite, TX 75181				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/20/2024 Winkler, LeeAnn Contributor address; City; State; Zip Code Mesquite, TX 75181			Amount of Contribution (\$)	\$50.00		
	Principal occu RDH	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			!				

MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
The Instru	ction Guide explains how to complete this f	orm.		s Schedule A1: 7 Rpt: 21/24
			3 Filer ID (00015952	Ethics Commission Filers)
Date 09/18/2024	 Full name of contributor out-of-state PAC (ID#:_ Winkler, LeeAnn Contributor address; City; State; Zip Code)	7 Amount of	Contribution (\$) \$50.00
Principal occu	Mesquite, TX 75181	9 Employer (See Instructions	<u> </u>	
RDH	pation / Job title (See Instituctions)	Employer (See instructions)	
	The Instru FILER NAME Texas Denta Date 09/18/2024 Principal occu	The Instruction Guide explains how to complete this f FILER NAME Texas Dental Hygienists' Political Action Committee Date 09/18/2024 5 Full name of contributor out-of-state PAC (ID#:_ Winkler, LeeAnn 6 Contributor address; City; State; Zip Code Mesquite, TX 75181 Principal occupation / Job title (See Instructions)	Texas Dental Hygienists' Political Action Committee Date	The Instruction Guide explains how to complete this form. FILER NAME Texas Dental Hygienists' Political Action Committee Date 09/18/2024 Out-of-state PAC (ID#:

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services The Instruction Guide exp	Printing Expense Printing Expense Salaries/Wages/Contract L Dlains how to complete this for	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 22/24	Texas Dental Hygienists' Political	Action Committee	00015952
4	Date	5 Payee name		
	07/17/2024	Amazon Marketplace		
6	Amount (\$)	7 Payee address; City;	State; Zip Code	
	\$253.00	410 Terry Avenue N		
	¥=33.55			
	Expenditure from corporate funds	Seattle, WA 98109-5210		
8	PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Descrip	otion
	OF EXPENDITURE	Event Expense	Chec	sk if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			ck if Austin, TX, officeholder living expense
			Door p	orizes for fundraising event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt:	Texas Dental Hygienists' Political Action Comm	nittee 00015952
4 Date	5 Payee name	
07/18/2024	PayPal	
6 Amount (\$)	7 Payee Address; City; State; Zip	
0.78	2211 North First Street	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	PayPal platform fee
5.		
Date	Payee name	
08/22/2024	PayPal	
Amount (\$)	Payee Address; City; State; Zip	
0.78	2211 North First Street	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE		(b) Description (See instructions regarding type of information required.)
OF	Fees	Usage of PayPal platform fee
EXPENDITURE		
Date	Payee name	
09/19/2024	PayPal	
Amount (\$)	Payee Address; City; State; Zip	
0.78	2211 North First Street	
Expenditure from	Car 1 OA 05404	
corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Fees for PayPal Platform
EXPENDITURE	1 003	rees loi rayrai rialioitti
Date	Payee name	
08/12/2024	Quicken	
Amount (\$)	Payee Address; City; State; Zip	
51.03	3760 Haven Avenue	
Expenditure from		
corporate funds	Menlo Park, CA 94025	
PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	Subscription fee for Quicken software

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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