#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015960 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Dental Association Political Action Committee Date Received **ELECTRONICALLY FILED** 11/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1946 S IH35 Ste 400 Change of Address Austin, TX 78704-3644 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Dr. Daniel NAME Date Processed **NICKNAME SUFFIX** LAST O'Dell Date Imaged CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 1946 S IH35 Ste 400 STREET **ADDRESS** (Residence or Business) Austin, TX 78704-3644 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 1946 S IH35 Ste 400 MAILING **ADDRESS** Change of Address Austin, TX 78704-3644 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 443-3675 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

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Version V4.1.0.48da51f7

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Dental Associ	ation Political Action Com	mittee	0001596	60
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	O 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	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,066.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	187,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	1,927,511.19
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Dr. Dani	iel O'Dell	
		Signature of Car		surer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscril	oed before me, by the said _	, th	nis 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 o	fficer administering oath
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## **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

			3 of 50					
17 COMMITTEE NAME 18 Filer ID (Ethics Commission								
Texas Dental Association Political Action Committee 00015960								
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE  SUBTOTAL AMOUNT								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 493.	84				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 13,572.	30				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$					
9.	SCHEDULE E: LOANS		\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	<b>\$</b> 187,500.	00				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 121.	72				

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to compl	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/50		
2	FILER NAME Texas Denta	Association Political Action Committee			3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 10/17/2024	<ul> <li>5 Full name of contributor  out-of-sta</li> <li>Astani, Enayat (Dr.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	ete PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
		Houston, TX 77017					
8	Principal occu Dentist	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor out-of-state Chan, Stephen (Dr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$48.84
	Principal occu	Flower Mound, TX 75028-1300 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Dentist	(400)			,		
	Date 10/01/2024	Coban, Alper (Dr.)		)		Amount of Contribution (\$)	\$25.00
		Edinburg, TX 78541					
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/14/2024	Full name of contributor out-of-stall cottongame, Colby (Dr.)  Contributor address; City; State; Zip Code  Waxahachie, TX 75165				Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/03/2024	Full name of contributor out-of-sta Kwang, Sarah (Dr.)  Contributor address; City; State; Zip Code  Houston, TX 77019	e			Amount of Contribution (\$)	\$100.00
	Principal occu Dentist	oation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A	L
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/50	
	FILER NAME Texas Denta	al Association Political Action Committee		3 Filer ID (Ethics Commission Filers 00015960	)
4	Date 10/16/2024	5 Full name of contributor  out-of-state PAC (ID# Potter, Richard (Dr.)  6 Contributor address; City; State; Zip Code	#:)	7 Amount of Contribution (\$) \$126	).00
8	Principal occu	Helotes, TX 78023-4522 upation / Job title (See Instructions)	9 Employer (See Instruction	ns)	
	Dentist			,	

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/50 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Dental Association Political Action Committee 00015960 Date 5 Corporation / Labor Organization name 6 Amount (\$) 10/01/2024 **Texas Dental Association** 13,572.30

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 1/43 Rpt: 7/50	2 FILER NAME Texas Dental Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
10/10/2024	Aicha Davis Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 71
Expenditure from	
corporate funds	DeSoto, TX 75115
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Ana Hernandez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 15538
Expenditure from corporate funds	Houston, TX 77046
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Ana-Maria Ramos Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 852227
Expenditure from corporate funds	Richardson, TX 75085
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## 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 State Control of State Con

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/43 Rpt: 8/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Angela Paxton Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 2878
Expenditure from corporate funds	McKinney, TX 75070
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/10/2024	Angelia Orr Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 113
Expenditure from corporate funds	Itasca, TX 76055
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Angie Chen Button Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 832748
Expenditure from corporate funds	Richardson, TX 75083
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/43 Rpt: 9/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Ann Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 56386
Expenditure from corporate funds	Houston, TX 77256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/10/2024	Armando Walle Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4826 Hollybrook Ln
Expenditure from	
corporate funds	Houston, TX 77039
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Sampaigh sommuni
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name  Payhera Convin Hawking Compaign
10/10/2024	Barbara Gervin-Hawkins Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 39602
Expenditure from corporate funds	San Antonio, TX 78218
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
- <del>-</del>	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 4/43 Rpt: 10/50	2 FILER NAME Texas Dental Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
10/10/2024	Bob Hall Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 513
Expenditure from corporate funds	Canton, TX 75103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
10/10/2024	Borris Miles Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	5302 Almeda Rd
Expenditure from corporate funds	Houston, TX 77004
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
10/10/2024	Brad Buckley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1321 Pershing Drive
Expenditure from corporate funds	Killeen, TX 76549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete CNII V if alian-	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	al Coi	mmittee Legal Services Salaries/A  The Instruction Guide explains how to co	-	cte this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	_
	Sch: 5/43 Rpt: 11/50		Texas Dental Association Political Action Com	mitte	ee		00015960		
4	Date	5	Payee name						
	10/10/2024		Brandon Creighton Campaign						
6	Amount (\$)	7	Payee address; City; State; Zip Co	de					
	\$2,500.00		2257 N Loop 336						
_	Expenditure from		Ste 140-366						
L	corporate funds		Conroe, TX 77304						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By		_			plete Schedule T.	
			Candidate/Officeholder/Political Committee		Campaign co		officeholder living	j expense	
					Campaign		ibation		
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	aht			Office he	-iq	_
_	expenditure to benefit C/OI		Sandidate/Officeriolaer Hame				Office no	310	
	Date		Payee name						
	10/10/2024		Brent Money Campaign						
	Amount (\$)		Payee address; City; State; Zip Co	de					
	\$500.00		2606 Lee St						
	Expenditure from corporate funds		Greenville, TX 75401						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				_
	OF EXPENDITURE		Contributions/Donations Made By		<b>=</b>			plete Schedule T.	
			Candidate/Officeholder/Political Committee		Campaign co		officeholder living	g expense	
					Campaign co	11111	ibution		
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	aht			Office he	eld	-
	expenditure to benefit C/OI			J -					
	Date		Payee name						
	10/10/2024		Brian Birdwell Campaign						
	Amount (\$)		Payee address; City; State; Zip Co	de					
	\$1,000.00		PO Box 1111						
	Expenditure from corporate funds		Granbury, TX 76048						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By					plete Schedule T.	
			Candidate/Officeholder/Political Committee		Campaign co		officeholder living	j expense	
					Campaign CO		ibation		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ght			Office he	eld	_
	experialitie to beliefft C/Of	' '							

#### 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 Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/43 Rpt: 12/50 Texas Dental Association Political Action Committee 00015960 4 Date Payee name Brian Harrison Campaign 10/10/2024 Amount (\$) Payee address; City; State; Zip Code \$500.00 6061 Hayes Rd Expenditure from Midlothian, TX 76065 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/10/2024 **Brooks Landgraf Campaign** Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO Box 13146 Expenditure from Odessa, TX 79768 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/10/2024 Bryan Hughes for Texas Senate Amount (\$) Payee address: City: State; Zip Code \$2,500.00 PO Box 450 Expenditure from corporate funds Mineola, TX 75773 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

### 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

Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 7/43 Rpt: 13/50	Texas Dental Association Political Action Committee 00015960	
4 Date	5 Payee name	
10/10/2024	Carl Tepper Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$500.00	PO Box 94534	
Expenditure from corporate funds	Lubbock, TX 79493	
8 PURPOSE		-
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	<b>-</b>	
Date	Payee name	
10/10/2024	Carol Alvarado Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 230842	
Expenditure from corporate funds	Houston, TX 77223	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EVENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ever		
Date	Payee name	
10/10/2024	Caroline Fairly Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	1000 S Tyler St Apt 10	
- Funanditura from		
Expenditure from corporate funds	Amarillo, TX 79101	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Contributions/Donations Made By	
LXI LIBITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign contribution	
Complete CNU V if all	Constitute / Office helder name Office country	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
,		_

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/43 Rpt: 14/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Caroline Harris Davila for State Representative
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/Oi	
Date	Payee name
10/10/2024	Carrie Isaac Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	100 Commons Rd #7-125
Expenditure from corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-4-	
Date	Payee name
10/10/2024	Cassandra Garcia Hernandez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 793671
Expenditure from	
corporate funds	Dallas, TX 75379
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 9/43 Rpt: 15/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Cesar Blanco Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 27074
Expenditure from corporate funds	El Paso, TX 79926
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	<u> </u>
Date	Payee name
10/10/2024	Charles Cunningham Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 14352
Expenditure from corporate funds	Humble, TX 77347
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	Davis same
Date	Payee name
10/10/2024	Charles Perry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	11003 Quaker Ave
Evpanditura from	Ste 102
Expenditure from corporate funds	Lubbock, TX 79424
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By   Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	1

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/43 Rpt: 16/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Charles Schwertner Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 2448
Expenditure from	
corporate funds	Georgetown, TX 78627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Charlie Geren Campaign
	1 5
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1440
Expenditure from	
corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
One make the ONE Wife diagram	On didn't Office helder game
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Chris Turner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 182093
Expenditure from	
corporate funds	Arlington, TX 76096
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
0 1: 0:::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 11/43 Rpt: 17/50	2 FILER NAME Texas Dental Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
10/10/2024	Christian Manuel Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1310 Calvin St
φοσοίοσ	1010 Gaivin Gi
Expenditure from corporate funds	Beaumont, TX 77707
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Christina Morales Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2901 Canal St
Ψ000.00	2001 Odilal Ot
Expenditure from corporate funds	Houston, TX 77003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Claudia Ordaz Perez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 71738
φ500.00	PO BOX 71730
Expenditure from corporate funds	El Paso, TX 79917
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/43 Rpt: 18/50	Texas Dental Association Political Action Committee 00015960
4	Date	5 Payee name
	10/10/2024	Cody Harris Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	100 Avenue A St
L	Expenditure from corporate funds	Palestine, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign contribution
Ļ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	10/10/2024	Cody Vasut Campaign
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 2724
	φ300.00	1 0 80% 2724
╟	Expenditure from	A 1
ᆫ	corporate funds	Angleton, TX 77516
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaign contribution
┡		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2024	Cole Hefner Campaign
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 167
	Expenditure from corporate funds	Mount Pleasant, TX 75456
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		Campaign contribution
$ldsymbol{ld}}}}}}$		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
1		

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 13/43 Rpt: 19/50	2 FILER NAME Texas Dental Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
10/10/2024	Dade Phelan Campaign
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO Box 848
Ψ3,000.00	1 0 500 040
Expenditure from corporate funds	Nederland, TX 77627
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Daniel Alders Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 8907
Expenditure from corporate funds	Tyler, TX 75711
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
	Campaigh contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
Date	Payee name
10/10/2024	David Cook Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	309 E Broad St
Expenditure from	
corporate funds	Mansfield, TX 76063
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Di Libilone	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete CAU V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 14/43 Rpt: 20/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	David Spiller Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 447
Expenditure from corporate funds	Jacksboro, TX 76458
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	-
Date	Payee name
10/10/2024	Diego Bernal Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 15677
Expenditure from corporate funds	San Antonio, TX 78212
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuution
Commission ONLY if dispose	Condidate/Office helder name Office accords
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Donna Campbell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 171002
Expenditure from corporate funds	San Antonio, TX 78217
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal marian Calcadida F1.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 15/43 Rpt: 21/50	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Dental Association Political Action Committee00015960
4 Date	5 Payee name
10/10/2024	Donna Howard Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 5375
Expenditure from	
corporate funds	Austin, TX 78763
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Drew Darby Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 3284
Expenditure from	
corporate funds	San Angelo, TX 76902
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
10/10/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	5010 University Ave
	5th Floor
Expenditure from corporate funds	Lubbock, TX 79493
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/43 Rpt: 22/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Eddie Morales Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	352 Hillcrest Blvd
Expenditure from corporate funds	Eagle Pass, TX 78852
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	1
Date	Payee name
10/10/2024	Friends of Cecil Bell, Jr.
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 819
Expenditure from corporate funds	Magnolia, TX 77353
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Commission ONLY if dispose	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Gary VanDeaver Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1101 Hwy 98
Expenditure from	
corporate funds	New Boston, TX 75570
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 17/43 Rpt: 23/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Gene Wu Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 742442
Expenditure from corporate funds	Houston, TX 77274
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 92007
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Glenn Hegar Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	815-A Brazos St
\$2,000.00	
Expenditure from	#389
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/43 Rpt: 24/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Greg Bonnen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 1183
Expenditure from corporate funds	Friendswood, TX 77546
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	<u>'</u>
Date	Payee name
10/10/2024	Harold Dutton Jr. Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4001 Jewett St
Evponditure from	
Expenditure from corporate funds	Houston, TX 77026
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date 10/10/2024	Payee name
	Hubert Vo Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 2227
Expenditure from	
corporate funds	Alief, TX 77411
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/43 Rpt: 25/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	JM Lozano Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	727 Arroyo Dr
Expenditure from	
corporate funds	Kingsville, TX 78363
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Carnaldate/Officeriolder/Political Committee Campaign contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	James Frank Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3808 B Kemp Blvd
Expenditure from	Ste 321
corporate funds	Wichita Falls, TX 76307
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/10/2024	Janis Holt
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 1311
Expenditure from	
corporate funds	Silsbee, TX 77656
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/43 Rpt: 26/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Jared Patterson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	4412 Sapphire Dr
- "	
Expenditure from corporate funds	Frisco, TX 75034
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuution
Complete ONLY if direct	Candidate/Officeholder name Office acusht
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Jay Dean Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3822 Holly Ridge
Expenditure from corporate funds	Longview, TX 75605
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/10/2024	Jeff Leach Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 866186
Ψ300.00	1.0.200.000200
Expenditure from	Diama TV 75000
corporate funds	Plano, TX 75086
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Candidate/Officeholder   Committee   Check if Austin, TX, officeholder living expense   C
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
•	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/43 Rpt: 27/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Jessica Gonzalez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 224001
Expenditure from	D. II TV 75000
corporate funds	Dallas, TX 75222
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
10/10/2024	Joanne Shofner Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	638 N University Dr #177
Expenditure from corporate funds	Nacogdoches, TX 75961
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if tavel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/10/2024	John Bryant Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 140977
Expenditure from corporate funds	Dallas, TX 75214
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Cabadula F1:		
1 Total pages Schedule F1: Sch: 22/43 Rpt: 28/50	2 FILER NAME Texas Dental Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015960	
4 Date	5 Payee name	
10/10/2024	John Bucy Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	6633 Hwy 290 E	
- 10.	Ste 104	
Expenditure from corporate funds	Austin, TX 78723	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
10/10/2024	John Smithee Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	320 S Polk	
	Ste 1000 LB 5	
Expenditure from corporate funds	Amarillo, TX 79101	
·	I	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if tavel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
10/10/2024	Jolanda Jones Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	10709 Marsha Lane	
Expenditure from corporate funds	Houston, TX 77024	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	Campaign continuution	
Complete CNU V if all	Condidate/Officeholder name Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
·		

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
4 Tatal manage Calculula E4			
1 Total pages Schedule F1: Sch: 23/43 Rpt: 29/50	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Dental Association Political Action Committee00015960		
4 Date	5 Payee name		
10/10/2024	Jon Rosenthal Campaign		
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 8624 Hwy 6 N		
φ500.00	·		
Expenditure from	#340		
corporate funds	Houston, TX 77095		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Campaign contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	<del>-</del>		
Date	Payee name		
10/10/2024	Jose Menendez Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Box 761780		
Expenditure from			
corporate funds	San Antonio, TX 78245		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee		
	Campaign contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	<b>o</b>		
Date	Payee name		
10/10/2024	Joseph Moody Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	PO Boz 920827		
Expenditure from			
corporate funds	El Paso, TX 79902		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee		
	Campaign continuation		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH		

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 24/43 Rpt: 30/50	2 FILER NAME Texas Dental Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
10/10/2024	Josey Garcia Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	110 E Houston St
Expenditure from	7th Floor, Box 176
corporate funds	San Antonio, TX 78205
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Judith Zaffirini Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	PO Box 627
Expenditure from	
corporate funds	Laredo, TX 78042
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Keith Bell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 1178
Expenditure from	
corporate funds	Forney, TX 75126
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		
Sch: 25/43 Rpt: 31/50	Texas Dental Association Political Action Committee 00015960	
4 Date	5 Payee name	
10/10/2024	Kelly Hancock Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,500.00	PO Box 821349	
Expenditure from corporate funds	North Richland Hills, TX 76182	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
CAPCHARLINE TO DEHERIT C/OI	•	
Date	Payee name	
10/10/2024	Ken King Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	PO Box 517	
Expenditure from corporate funds	Canadian, TX 79014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign contribution	
2 1 2 2 1 1 2 1 1		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
10/10/2024	Ken Paxton Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	PO Box 3476	
Expenditure from corporate funds	McKinney, TX 75070	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1: Sch: 26/43 Rpt: 32/50	2 FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960			
4 Date	5 Payee name			
10/10/2024	Kevin Sparks Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1,000.00	2600 Mockingbird Ln			
Expenditure from corporate funds	Midland, TX 79705			
8 PURPOSE				
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By			
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	Campaign contribution			
O Compulate ONLY if diseast	Condidate/Office helder name Office accept			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
onponditure to senionic ere-				
Date	Payee name			
10/10/2024	Linda Garcia Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	1908 Haddock Dr			
φοσοίοσ	1000 Fladdon Bi			
Expenditure from				
corporate funds	Mesquite, TX 75149			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
	Campaign contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	1			
Date	Payee name			
10/10/2024	Liz Campos Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	1028 Rigsby			
Expenditure from				
corporate funds	San Antonio, TX 78210			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By			
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			
	Campaign contribution			
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 27/43 Rpt: 33/50	2 FILER NAME Texas Dental Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015960	
4 Date	5 Payee name	
10/10/2024	Lois Kolkhorst Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$5,000.00	PO Box 2546	
Expenditure from		
corporate funds	Brenham, TX 77834	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
D-1-		
Date	Payee name	
10/10/2024	Lulu Flores Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 40969	
Expenditure from corporate funds	Austin, TX 78704	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Operation ONE Wife discont	On did to 10 ff as hald a grant Off as south	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Data	David and the second se	
Date 10/10/2024	Payee name  Mark Dorozio Compoign	
	Mark Dorazio Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 461341	
Expenditure from		
corporate funds	San Antonio, TX 78246	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXI ENDITORE	Candidate/Officeholder/Political Committee	
	Campaign contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiment to benefit 0/0/1		

### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 28/43 Rpt: 34/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Mary Ann Perez Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 262432
Expenditure from corporate funds	Houston, TX 77207
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign contribution
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Mary Edna Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
Expenditure from	
corporate funds	Clint, TX 79836
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Matt Morgan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	503 FM 359 #264 Ste 130 #226
Expenditure from corporate funds	Richmond, TX 77406
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

	Candidate/Officeholder/Politica Credit Card Payment		•		Vages	/Contract Labor OTHER (enter a cate	egory not listed above)
			The Instruction Guide expla	ins how to co	mple	te this form.	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (E	thics Commission Filers)
	Sch: 29/43 Rpt: 35/50		Texas Dental Association Political A	Action Com	mitte	ee 00015960	
4	Date	5	Payee name				
	10/10/2024		Matt Shaheen Campaign				
6	Amount (\$)	7	Payee address; City; St	ate; Zip Co	de		
	\$500.00		3917 Malton Dr				
	Expenditure from corporate funds		Plano, TX 75025				
8	PURPOSE	(a)			(h)	Description	
٠	OF	(α)	Category (See Categories listed at the top of this Contributions/Donations Made By	s schedule)	(5)	Check if travel outside of Texas. Complete	Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Co	mmittee		Check if Austin, TX, officeholder living exp	
			Carialdate/Cinecinetial/in cinedat Co			Campaign contribution	
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ıaht	Office held	
	expenditure to benefit C/OI				<b>J</b>		
	Date		Payee name				
	10/10/2024		Mayes Middleton Campaign				
	Amount (\$)		Payee address; City; St	ate; Zip Co	ode		
	\$1,000.00		PO Box 300				
	Expenditure from corporate funds		Wallisville, TX 77597				
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description	
	OF EXPENDITURE		Contributions/Donations Made By			Check if travel outside of Texas. Complete	
LXI LINDITORE			Candidate/Officeholder/Political Committee				ense
						Campaign contribution	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght	Office held	
	experialitate to beliefit 6/01						
	Date		Payee name				
	10/10/2024		Mihaela Plesa Campaign				
	Amount (\$)		Payee address; City; St	ate; Zip Co	de		
	\$500.00		PO Box 796311				
	Expenditure from corporate funds		Dallas, TX 75248				
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description	
	OF EXPENDITURE		Contributions/Donations Made By			Check if travel outside of Texas. Complete	Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Co	mmittee		Check if Austin, TX, officeholder living exp	ense
						Campaign contribution	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght	Office held	
	expenditure to benefit C/O	H					

### SCHEDULE F1

The straining Expense Event Expense Event Expense Loan Repayment/Reimbur Community Com

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 30/43 Rpt: 36/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Mike Olcott Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 247
Expenditure from corporate funds	Aledo, TX 76008
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/10/2024	Mike Schofield Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	934 Hidden Canyon Rd
Expenditure from corporate funds	Katy, TX 77450
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
0 1: 01: 47:	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Molly for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 667238
Expenditure from corporate funds	Houston, TX 77266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Operation Objects "	Openhildets (Office helden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 31/43 Rpt: 37/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Morgan Meyer Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	3838 Oak Lawn Ave
Expenditure from	Ste 400
corporate funds	Dallas, TX 75219
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	<u> </u>
Date	Payee name
10/10/2024	Nate Schatzline Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	13037 Monte Alto St
Expenditure from corporate funds	Fort Worth, TX 76244
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Nathan Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	8499 Greenville Ave
	Suite 205
Expenditure from corporate funds	Dallas, TX 75231
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
··-	Candidate/Officeholder/Political Committee
	Campaign continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 32/43 Rpt: 38/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Nicole Collier Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 24241
\$1,000.00	FO BOX 24241
Expenditure from corporate funds	Fort Worth, TX 76124
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Pat Curry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	204 Woodhew Dr
Expenditure from corporate funds	Waco, TX 76712
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
10/10/2024	Paul Bettencourt Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1 E Greenway Plz
Evpanditura from	Ste 225
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 33/43 Rpt: 39/50	Texas Dental Association Political Action Committee 00015960
4	Date	5 Payee name
	10/10/2024	Penny Shaw Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 925652
	- Formanditura forma	
	Expenditure from corporate funds	Houston, TX 77292
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Campaign contribution
		Campaign contribution
_	Operation ONLY if allowed	Out in the IOE and Ioe
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	10/10/2024	Pete Flores Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	111 Live Oak Drive
_	T Evpanditura from	
	Expenditure from corporate funds	Pleasanton, TX 78064
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Campaign contribution
	Commiste ONLY if divest	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
	Date	Payee name
	10/01/2024	Phil King Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 1913
_	T Expenditure from	
	corporate funds	Weatherford, TX 76086
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Campaign contribution
	Operation ONE VIII II	Open Highest (Office In all In a constitution of the constitution
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 34/43 Rpt: 40/50	2 FILER NAME Texas Dental Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
10/10/2024	Rafael Anchia Campaign
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code PO Box 4468
, —, · · · · · ·	
Expenditure from corporate funds	Dallas, TX 75208
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
10/10/2024	Ramon Romero Jr. Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 181
Expenditure from	
corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
10/10/2024	Rhetta Andrews Bowers Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3526 Lakeview Pkwy
	Ste B #211
Expenditure from corporate funds	Rowlett, TX 75088
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total manua Cabadula F1.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 35/43 Rpt: 41/50	2 FILER NAME Texas Dental Association Political Action Committee  3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
10/10/2024	Richard Hayes Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 2818
Expenditure from corporate funds	Denton, TX 76202
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Robert Nichols for Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 2347
Expenditure from corporate funds	Jacksonville, TX 75766
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Roland Gutierrez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1426 Napier
φ1,000.00	1420 Napiei
Expenditure from corporate funds	San Antonio, TX 78214
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### 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
OTHER (onter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ordan dara i ayındın	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/43 Rpt: 42/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Ron Reynolds Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	6140 Hwy 6 S
	Ste 233
Expenditure from corporate funds	Missouri City, TX 77459
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	<u>'</u>
Date	Payee name
10/10/2024	Royce West Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	5787 S Hampton Rd
	Ste 255
Expenditure from corporate funds	Dallas, TX 75232
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
_/	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
10/10/2024	Salman Bhojani Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 392
Expenditure from	
corporate funds	Euless, TX 76039
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Campaign contribution
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 Files ID (Ethics Commission Files)
1 Total pages Schedule F1: Sch: 37/43 Rpt: 43/50	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Dental Association Political Action Committee00015960
4 Date	5 Payee name
10/10/2024	Sam Harless Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	15814 Champion Forest
	PMB 312
Expenditure from corporate funds	Spring, TX 77379
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Senfronia Thompson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	8611 Peachtree St
Ψ2,500.00	OUT F CAUNITIES OF
Expenditure from corporate funds	Houston, TX 77016
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Shelby Slawson Campaign
10/10/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	910 Old Hico Rd
Expenditure from corporate funds	Stephenville, TX 76401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 38/43 Rpt: 44/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Stan Gerdes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	606 Gresham St
Expenditure from corporate funds	Smithville, TX 78957
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Stan Lambert Campaign
Amount (\$)	Payee address; City; State; Zip Code
` ′	
\$1,000.00	PO Box 3752
Expenditure from	
corporate funds	Abilene, TX 79604
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LIIDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/10/2024	Suleman Lalani Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 6514
Expenditure from	
corporate funds	Houston, TX 77265
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatalmana O. I. I. T.	
1 Total pages Schedule F1: Sch: 39/43 Rpt: 45/50	2 FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
10/10/2024	Terri Leo-Wilson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	29 Pirates Beach W
Expenditure from	
corporate funds	Galveston, TX 77554
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
10/10/2024	Terry Meza for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 155076
φουυ.υυ	PO BOX 133076
Expenditure from	
corporate funds	Irving, TX 75015
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	
Date	Payee name
10/10/2024	Texans for Dan Patrick
Amount (\$)	Payee address; City; State; Zip Code
\$25,000.00	PO Box 685085
Ψ20,000.00	1 0 20X 000000
Expenditure from	Aughin TV 70700
corporate funds	Austin, TX 78768
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign contribution
Occupations Children	On this to 10 ff a shall be marked.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 40/43 Rpt: 46/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Texans for Greg Abbott
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25,000.00	PO Box 308
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
O Commission ONLY if dispose	Condidate/Office holds no year
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Todd Hunter Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	445 Cape Henry Dr
Expenditure from corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
10/10/2024	Tom Craddick Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	2 Lakes Drive
Expenditure from corporate funds	Midland, TX 79705
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-1</del>

### 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 Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 41/43 Rpt: 47/50	2 FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
10/10/2024	Toni Rose Campaign
10/10/2024	Tonii Rose Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 41867
Expenditure from corporate funds	Dallas, TX 75241
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/Oi	
Date	Payee name
10/10/2024	Tony Tinderholt Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1221 W Nathan Lowe
Ψ1,000.00	1221 W Nathan Lowe
Expenditure from	
corporate funds	Arlington, TX 76017
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payeo namo
10/10/2024	Payee name Trent Ashby Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	PO Box 412
- Forest diture (co. co.	
Expenditure from corporate funds	Lufkin, TX 75902
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Continuodions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
	Campaign contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 42/43 Rpt: 48/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Trey Martinez Fischer Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	104 Babcock
Expenditure from corporate funds	San Antonio, TX 78201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Valoree Swanson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6046 FM 2920
	#619
Expenditure from corporate funds	Spring, TX 77379
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contribution
	Campaign commodern
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Vikki Goodwin Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	9901 Brodie Ln
	Ste 160-237
Expenditure from corporate funds	Austin, TX 78748
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	

### 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
OTHER (other a category not listed choice)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 43/43 Rpt: 49/50	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
10/10/2024	Wes Virdell Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 147
Expenditure from corporate funds	Brady, TX 76825
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/10/2024	Yvonne Davis Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 763368
Expenditure from corporate funds	Dallas, TX 75376
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 50/50 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Texas Dental Association Political Action Committee 00015960 8 Amount (\$) Date 5 Name of person from whom amount is received 10/01/2024 \$121.72 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767 Purpose for which amount is received Check if political contribution returned to filer Interest