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** 01/06/2025 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 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 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 X January 5 April 5 October 5 REPORT FILING July 5 **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** 11/26/2024 12/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			-		
2 COMMITTEE NAME		•		13 Filer ID	(Ethics Commission Filers)
Texas Dental Associati	ion Political Action Com	mittee 		00015960	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION	1. TOTAL UNITEMIZE	POLITICAL CONTRIB	BUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES OF IADE ELECTRONICALI qualifies for the higher item	LOANS, OR _Y)	\$	0.00
	2. TOTAL POLITICA	·			
	(OTHER THAN PLEI	OGES, LOANS, OR GU	ARANTEES OF LOANS)	\$	15,677.80
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDI	TURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		ITAINED AS OF THE LAST	DAY \$	1,817,363.73
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUT REPORTING PERIOD	STANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT				l	
		true and	or affirm, under penalty of pe correct and includes all infor le 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
			Dr Dan	iel O'Dell	
			Signature of Ca		Iror
			Signature of Cal	mpaigir rrease	ai Ci
AFFIX NOTARY	/ STAMP / SEAL ABOVE				
Sworn to and subscribed	d before me, by the said		, tl	nis the	day
of	, 20, to certify \	which, witness my hand	and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer	administering oath	Title of offi	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 11
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Com	mission Filers)
Te	xas Dei	ntal Association Political Action Committee	00015960		
	HEDULE ME OF S	SUBTC	OTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,105.50
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	13,572.30	
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	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	DNS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	105.08

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/11	
2	FILER NAME Texas Denta	AME Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filer 00015960		n Filers)
4	Date 12/11/2024			7	Amount of Contribution (\$)	\$120.00
_		Sugar Land, TX 77478-5358	T			
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 12/11/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$120.00
	Principal occu Dentist	Houston, TX 77054 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Hattaway, Shad (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Plano, TX 75074-5846 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Dentist					
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Hill, Ron (Dr.) Contributor address; City; State; Zip Code Houston, TX 77027-6038			Amount of Contribution (\$)	\$120.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Ho, Duc (Dr.) Contributor address; City; State; Zip Code Katy, TX 77494			Amount of Contribution (\$)	\$187.10
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	·)		
			•			

	MONET	ARY POLITICAL CONTRI	BUTION	IS 		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/11		
2	FILER NAME Texas Denta	I Association Political Action Committee			3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 12/11/2024			7	Amount of Contribution (\$)	\$50.00	
		Austin, TX 78749-6522					
8	Principal occu Dentist	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 12/11/2024	Full name of contributor out-of-state Kimes, Patricia (Dr.) Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78738-5530 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Dentist						
	Date 12/11/2024	Lee, Ronald (Dr.)	e PAC (ID#:)		Amount of Contribution (\$)	\$187.10
		Colleyville, TX 76034-5905					
	Principal occu Dentist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Masters, Lisa B. (Dr.)				Amount of Contribution (\$)	\$120.00
	Principal occu Dentist	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state Meiners, Christina Marie (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78252	e PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/11	
2	FILER NAME Texas Denta	FILER NAME Texas Dental Association Political Action Committee			Filer ID (Ethics Commission 00015960	n Filers)
4	Date 12/12/2024			7	Amount of Contribution (\$)	\$50.00
_	Deireitad	San Antonio, TX 78215). Faralas as (Cara kasta atica)			
8	Spouse	pation / Job title (See Instructions)	Employer (See Instructions	i) 		
	Date 12/11/2024				Amount of Contribution (\$)	\$187.10
	Principal occu	Arlington, TX 76013 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Dentist	sation 7 oob title (See instituctions)	Employer (See morracions	')		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: Niebla, Armando A. (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78228-5500				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Owen, Glenda (Dr.) Contributor address; City; State; Zip Code Houston, TX 77007-2286			Amount of Contribution (\$)	\$85.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Potter, Richard (Dr.) Contributor address; City; State; Zip Code Helotes, TX 78023-4522			Amount of Contribution (\$)	\$120.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/11	
2	FILER NAME Texas Denta	ILER NAME exas Dental Association Political Action Committee		3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 12/11/2024			7	Amount of Contribution (\$)	\$374.20
		El Paso, TX 79925-6793				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/11/2024				Amount of Contribution (\$)	\$10.00
	Principal occur	Dallas, TX 75205 pation / Job title (See Instructions)	Employer (See Instructions			
	Dentist	Janott / Job title (See Instructions)	Employer (See instructions)		
	Date 12/10/2024	Full name of contributor)		Amount of Contribution (\$)	\$120.00
		Liberty, TX 77575				
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Schott, Laura (Dr.) Contributor address; City; State; Zip Code Cypress, TX 77433			Amount of Contribution (\$)	\$50.00
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Sperry, Stephen (Dr.) Contributor address; City; State; Zip Code Lubbock, TX 79423)		Amount of Contribution (\$)	\$50.00
	Principal occu Dentist	oation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 5/5 Rpt: 8/11	
2	FILER NAME Texas Dental Association Political Action Committee			3	Filer ID (Ethics Commission 00015960	n Filers)
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ Stuchlik, Katie (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
•	Dringing Logg	Katy, TX 77494	O Employer (Coo Instructions			
8	Dentist	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Wendt, Lindsey Luann (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77018				
	Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Westerberg, Matthew (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78209-6061 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Definist					

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: 9/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Dental Association Political Action Committee 00015960 Date 5 Corporation / Labor Organization name 6 Amount (\$) 12/01/2024 **Texas Dental Association** 13,572.30

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Award/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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
4 7	
1 Total pages Schedule F1: Sch: 1/1 Rpt: 10/11	2 FILER NAME Texas Dental Association Political Action Committee 3 Filer ID (Ethics Commission Filers) 00015960
4 Date	5 Payee name
12/11/2024	Philip Cortez Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 7919 Liberty Island
	1919 Liberty Island
Expenditure from corporate funds	San Antonio, TX 78227
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
	Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
<u> </u>	

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: 11/11 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 12/01/2024 \$105.08 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