

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 39,793.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,787,568.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Daniel O'Dell

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Dental Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015960
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,293.95
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 9,437.65
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 12,061.49
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,889.12

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/29 Rpt: 4/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Terry (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75225	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aduddell, Rebecca (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Canton, TX 75103	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alghadban, Houssam (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Schertz, TX 78154	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andree, Nancy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76705-5296	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anton, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Webster, TX 77598	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/29 Rpt: 5/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Awtrey, Adam (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Randall (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Webster, TX 77598	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, William (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barge, Lauri (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/29 Rpt: 6/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Richard (Dr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79905-2827	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnot, Joe (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Ganado, TX 77962	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camacho, Edward (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78248	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Dave (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cenk, David (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code El Paso, TX 79911	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/29 Rpt: 7/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clegg, Stephen (Dr.) 6 Contributor address; City; State; Zip Code Kerrville, TX 78028	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, R. Lee (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478-5358	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Bradley (Dr.) Contributor address; City; State; Zip Code Denver City, TX 79323-1546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coker, Mack (Dr.) Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collier, Mary (Dr.) Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/29 Rpt: 8/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Ralph A. (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77054	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coury, Kirk (Dr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covell, Paul (Dr.) <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criss, Jennifer (Dr.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronin Barron, Elyse (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/29 Rpt: 9/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutbirth, Steven (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Waco, TX 76710	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutbirth, William (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dar, Sohail (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Rosa, Serapio (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78260	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehsani, Sara (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75219-5178	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/29 Rpt: 10/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferro, Joseph (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78228	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossum, Andrew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Garland, TX 75040	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fourrier, Lionel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waller, TX 77484	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Gary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code College Station, TX 77845	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Simon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/29 Rpt: 11/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Gayle (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75246	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gowan, J Chris (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77063	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Nikki (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Dale (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75230	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/29 Rpt: 12/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hajdik, Bradley (Dr.) 6 Contributor address; City; State; Zip Code Columbus, TX 78934	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargis, Theral (Dr.) Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Dana (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Richard (Dr.) Contributor address; City; State; Zip Code Carrollton, TX 75010	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Shad (Dr.) Contributor address; City; State; Zip Code Plano, TX 75074-5846	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/29 Rpt: 13/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, David (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Angelo, TX 76904-6919	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ron (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinds, Dena (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Woodway, TX 76712	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.)	Amount of Contribution (\$) \$187.10
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooks, Roy (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77375	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/29 Rpt: 14/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ikem, Kachikwulu (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code El Paso, TX 79938	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ip, Vincent (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78704	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Harmon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jent, Jonahan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kingsville, TX 78363	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Eric (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78216	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/29 Rpt: 15/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Matthew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78722-2441	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karl, Maureen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Granbury, TX 76049	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78749-6522	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78738-5530	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koury, Philip (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/29 Rpt: 16/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Meeru (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Frisco, TX 75035	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Christine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76106	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Austin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78248-1738	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Ronald (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Colleyville, TX 76034-5905	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Thomas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/29 Rpt: 17/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louviere, Jared (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76018	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovelace, Teri (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackie, Kurt (Dr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuele, Lisa (Dr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marblestone, Ginger (Dr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/29 Rpt: 18/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Richard (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Lewisville, TX 75057-3628	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinsen, Mark (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Lisa B. (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code San Antonio, TX 78216-4361	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Christina Marie (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78252	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Travis (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/29 Rpt: 19/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Salvador (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78041	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nairooz, Sandra (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naples, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033-3816	Amount of Contribution (\$) \$1,164.90
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) New, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/29 Rpt: 20/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Phillip (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nickerson, Natalie (Dr.) <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando A. (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78228-5500	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunnally, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75234	Amount of Contribution (\$) \$32.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson Triska, Katherine (Dr.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/29 Rpt: 21/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orsingher, Kerry (Dr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78258		
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Terry (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bellaire, TX 77401		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda (Dr.)	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Chirag (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Frisco, TX 75036-3933		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedott, Susan (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Richmond, TX 77406		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/29 Rpt: 22/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Chad (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Keller, TX 76244	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pham, Jessica (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Rosenberg, TX 77471-3082	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, ThanhHang (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77095	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philips, Frederick (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polk, Aaron (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Nacogdoches, TX 75965	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/29 Rpt: 23/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Alisha (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Azle, TX 76020	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Privett, William (Dr.) <hr/> Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdy, John (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-6793	Amount of Contribution (\$) \$187.10
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quentel, Manfred (Dr.) <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/29 Rpt: 24/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raina, Ankoo (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Irving, TX 75063	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Michael Andrew (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Robert (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashall, Gregory (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Liberty, TX 77575	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese, James (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Livingston, TX 77351	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/29 Rpt: 25/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reznik, Michael (Dr.) 6 Contributor address; City; State; Zip Code Odessa, TX 79762	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Kevin (Dr.) Contributor address; City; State; Zip Code Round Rock, TX 78681-1149	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridder, Nicholas (Dr.) Contributor address; City; State; Zip Code Phoenix, TX 85018	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Paul (Dr.) Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rynchek, Kelly (Dr.) Contributor address; City; State; Zip Code Palacios, TX 77465	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/29 Rpt: 26/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlieve, Thomas (Dr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75208	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Laura (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Meredith (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Webster, TX 77598	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaberg, K (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dayton, TX 77535	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seifikar, Shawn (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75231	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/29 Rpt: 27/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shisler, Adam (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shults, Gary (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Kimberly (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Yorktown, TX 78164	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperry, Stephen (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spradley, James (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/29 Rpt: 28/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratmann, Robin (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Humble, TX 77396	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuchlik, Katie (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teja, Mehboob (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, W (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/29 Rpt: 29/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tovar, Sarah (Dr.)	7 Amount of Contribution (\$) \$96.80
6 Contributor address; City; State; Zip Code San Antonio, TX 78255-4411		
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Cesar (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Laredo, TX 78045		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentini, Alicia (Dr.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vo, Calvin (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77095		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voorhees, Fred (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/29 Rpt: 30/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Carolyn (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78257	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallach, Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209-8398	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayman, Blake (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79932	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Lindsey Luann (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77018	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wentz, C (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Ransom Canyon, TX 79366-2412	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/29 Rpt: 31/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Haven (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79935-3013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Annie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winarick, Wendy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76710	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/29 Rpt: 32/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Michael (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78211	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 33/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/18/2025	5 Corporation / Labor Organization name Austin Green DDS	6 Amount (\$) 97.25
Date 02/18/2025	Corporation / Labor Organization name Duc Ho DDS	Amount (\$) 972.95
Date 02/18/2025	Corporation / Labor Organization name Georganne McCandless DDS	Amount (\$) 972.95
Date 02/19/2025	Corporation / Labor Organization name Krystelle Anaya DDS	Amount (\$) 243.20
Date 02/18/2025	Corporation / Labor Organization name Mark Camp DDS	Amount (\$) 972.95
Date 02/19/2025	Corporation / Labor Organization name Nisha Sundaragopal DDS	Amount (\$) 97.25
Date 02/19/2025	Corporation / Labor Organization name Richard Hansard DDS	Amount (\$) 243.20
Date 02/18/2025	Corporation / Labor Organization name Robert Clitheroe DDS	Amount (\$) 972.95
Date 02/19/2025	Corporation / Labor Organization name Saam Zarrabi DDS	Amount (\$) 4,864.95

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 34/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/01/2025	5 Corporation / Labor Organization name Texas Dental Association	6 Amount (\$) 12,061.49

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 35/35
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/01/2025	5 Name of person from whom amount is received First Lockhart National Bank <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78748	8 Amount (\$) \$554.88
7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 02/01/2025	Name of person from whom amount is received First Lockhart National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78748	Amount (\$) \$1,334.21
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		
Date 02/01/2025	Name of person from whom amount is received Frost Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767	Amount (\$) \$0.03
Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer		