

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015960		2 Total pages filed: 31	
3 COMMITTEE NAME Texas Dental Association Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/04/2025  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 8701 W Hwy 71 Suite 201-M Austin, TX 78735				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Daniel  NICKNAME LAST SUFFIX O'Dell				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8701 W Hwy 71 Suite 201-M Austin, TX 78735				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1946 S IH35 Ste 400  Austin, TX 78704-3644				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 443-3675				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input checked="" type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 02/26/2025          03/25/2025				

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Dental Association Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00015960
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,017.79
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,789,090.25
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

### 16 AFFIDAVIT

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

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****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 31

<b>17 COMMITTEE NAME</b> Texas Dental Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015960
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,956.30
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input 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	\$ 2,168.99

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/26 Rpt: 4/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumann, Todd (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellingham, Nicole (Dr.) Contributor address; City; State; Zip Code  Little Elm, TX 75068	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Frank (Dr.) Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumbaugh, Robert (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumbaugh, Robert (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/26 Rpt: 5/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumbaugh, Robert (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205	<b>7</b> Amount of Contribution (\$)  \$33.34
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavarria, Arnaldo (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowning, Rodney (Dr.) Contributor address; City; State; Zip Code  Decatur, TX 76234	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowning, Rodney (Dr.) Contributor address; City; State; Zip Code  Decatur, TX 76234	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowning, Rodney (Dr.) Contributor address; City; State; Zip Code  Decatur, TX 76234	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/26 Rpt: 6/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, R. Lee (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77478-5358	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Ademola (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75212	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Ademola (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75212	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Ademola (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75212	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Ralph A. (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77054	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/26 Rpt: 7/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corpron, Ben (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, David (Dr.) Contributor address; City; State; Zip Code  Spring, TX 77381-3595	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, John (Dr.) Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, John (Dr.) Contributor address; City; State; Zip Code  Abilene, TX 79601	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferris, Tyler (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/26 Rpt: 8/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 02/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gates, Paul (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78664	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldreich, Hilton (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Eric (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Eric (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Eric (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/26 Rpt: 9/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halford, Dennis (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Richland Hills, TX 76118	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hathaway, Jennifer (Dr.) <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heron, Victoria (Dr.) <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/26 Rpt: 10/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ron (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.) Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$187.10
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Christopher (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 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwedel, Lindsey (Dr.) Contributor address; City; State; Zip Code  Santo, TX 76472-3261	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Grant (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/26 Rpt: 11/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Matthew (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaiser, Jina (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaiser, Jina (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaiser, Jina (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Ann (Dr.) <hr/> Contributor address; City; State; Zip Code  New Orleans, TX 70124	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/26 Rpt: 12/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khosla, Sanjeev (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, H. Chu (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, H. Chu (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, H. Chu (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78749-6522	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/26 Rpt: 13/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78738-5530	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jered (Dr.) Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jered (Dr.) Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jered (Dr.) Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Traci (Dr.) Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$16.66
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/26 Rpt: 14/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Traci (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	<b>7</b> Amount of Contribution (\$)  \$16.67
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Traci (Dr.) Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$16.67
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kommuri, Karthik (Dr.) Contributor address; City; State; Zip Code  Arlington, TX 76005	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Ronald (Dr.) Contributor address; City; State; Zip Code  Colleyville, TX 76034-5905	Amount of Contribution (\$)  \$187.10
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Aaron (Dr.) Contributor address; City; State; Zip Code  Mineral Wells, TX 76067-5450	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/26 Rpt: 15/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lippian, James (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Texarkana, TX 75503	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77505	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77505	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77505	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luck, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/26 Rpt: 16/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Yvonne (Dr.) <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Yvonne (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Yvonne (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Daniel (Dr.) Contributor address; City; State; Zip Code  Decatur, TX 76234	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Lisa B. (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78216-4361	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/26 Rpt: 17/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Christina Marie (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78252	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menendez, Silvia (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menendez, Silvia (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menendez, Silvia (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Webster, TX 77598	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/26 Rpt: 18/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morganti, Mario (Dr.) <b>6</b> Contributor address; City; State; Zip Code Flower Mound, TX 75022	<b>7</b> Amount of Contribution (\$) \$16.67
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morganti, Mario (Dr.) Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morganti, Mario (Dr.) Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Richard (Dr.) Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mukherji, Partha (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/26 Rpt: 19/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mukherji, Partha (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mukherji, Partha (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132	Amount of Contribution (\$)  \$8.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Christine (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78754	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/10/2025	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 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nieves, Francisco (Dr.) <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76048	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/26 Rpt: 20/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nored, Jimmy (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogletree, Lynette (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opaneye, Oluwakare (Dr.) Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opaneye, Oluwakare (Dr.) Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opaneye, Oluwakare (Dr.) Contributor address; City; State; Zip Code  Pharr, TX 78577	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/26 Rpt: 21/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Roger (Dr.) <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79911	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Roger (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79911	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Roger (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79911-7206	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phair, Milton (Dr.) Contributor address; City; State; Zip Code  Burnet, TX 78611	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/26 Rpt: 22/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, Zeb (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77051	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, Zeb (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77051	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, Zeb (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77051	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	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 03/11/2025	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)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/26 Rpt: 23/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashall, Gregory (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Liberty, TX 77575	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rea, F (Dr.) Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Danielle (Dr.) Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Danielle (Dr.) Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Danielle (Dr.) Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/26 Rpt: 24/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Ronald (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706-3012	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, Ryan (Dr.) Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robicheaux, Daniel (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouch, Barry (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouch, Barry (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/26 Rpt: 25/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouch, Barry (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$33.34
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Vanessa (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Vanessa (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Vanessa (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Laura (Dr.) <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/26 Rpt: 26/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharaf, Ahmed (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$33.34
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)

  

Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharaf, Ahmed (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharaf, Ahmed (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Darrel (Dr.) <hr/> Contributor address; City; State; Zip Code  Longview, TX 75605-2948	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Kendal (Dr.) <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78734	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/26 Rpt: 27/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Kendal (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Lakeway, TX 78734	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Kendal (Dr.) Contributor address; City; State; Zip Code  Lakeway, TX 78734	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singhal, Saurabh (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76244	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperry, Stephen (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuchlik, Katie (Dr.) Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/26 Rpt: 28/31
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tao, Sha (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) To, Kenneth (Dr.) Contributor address; City; State; Zip Code  Duncanville, TX 75116	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) To, Kenneth (Dr.) Contributor address; City; State; Zip Code  Duncanville, TX 75116	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) To, Kenneth (Dr.) Contributor address; City; State; Zip Code  Duncanville, TX 75116	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vahadi, Afshin (Dr.) Contributor address; City; State; Zip Code  Frisco, TX 75035	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: 26/26 Rpt: 29/31

2 FILER NAME

Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date  
03/11/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Wendt, Lindsey Luann (Dr.)

6 Contributor address; City; State; Zip Code

Houston, TX 77018

7 Amount of Contribution (\$)  
\$10.00

8 Principal occupation / Job title (See Instructions)  
Dentist

9 Employer (See Instructions)

Date  
03/10/2025

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Westerberg, Matthew (Dr.)

Contributor address; City; State; Zip Code

San Antonio, TX 78209

Amount of Contribution (\$)  
\$50.00

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

# 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: 30/31

2 FILER NAME

Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date

03/01/2025

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: 31/31

2 FILER NAME

Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date

03/01/2025

5 Name of person from whom amount is received

First Lockhart National Bank

8 Amount (\$)

\$2,168.99

6 Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78748

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer