MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	2 Total pages filed: 191		
3 COMMITTEE NAME		00015960	OFFICE USE ONLY
Texas Dental Ass	ociation Political Action Committee		Date Received
			07/07/2025
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	8701 W Hwy 71		
	Suite 201-M		
	Austin, TX 78735		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST		MI
TREASURER NAME	Dr. Daniel		Receipt # Amount
			Date Processed
	NICKNAME LAST		SUFFIX
	O'Dell		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY	/; STATE; ZIP CODE
TREASURER	8701 W Hwy 71	,, , , , , , , , , , , , , , , , , , , ,	, - ,
STREET ADDRESS	Suite 201-M		
(Residence or Business)	Austin, TX 78735		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CIT	(; STATE; ZIP CODE
TREASURER	1946 S IH35 Ste 400		
MAILING ADDRESS			
	Austin, TX 78704-3644		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 443-3675		
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)
10 MONTHLY	January 5 Ap	ril 5 X July 5	October 5
REPORT FILING DEADLINE			
	February 5	y 5 Augus	5 November 5
	March 5 Jur	ne 5 Septer	nber 5 December 5
11 PERIOD	Month Day Year	THROUGH	Month Day Year
COVERED	05/26/2025	THROUGH	06/25/2025
	GO	TO PAGE 2	
Forms provided by Te		ethics.state.tx.us	Version V4.1.0.f10d0fd8

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Dental Association	on Political Action Com	mittee	0001596	60
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	61,089.52
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	· ·	01,069.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	105,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,821,862.55
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.	rjury, that th mation requi	e accompanying report is ired to be reported by me
			iel O'Dell	
		Signature of Car	mpaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify w	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.f10d0fd8

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 191

17 COMMITT		18 Filer ID	(Ethics Commission Filers)
Texas De	ntal Association Political Action Committee	00015960	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 49,028.03
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 12,061.49
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 105,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 2,545.24

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/179 Rpt: 4/191	
2 FILER NAME			3 Filer ID (Ethics Commissior	n Filers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/12/2025	Addington, Danny (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Atlanta, TX 75551-2625			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u></u>	
Dentist			, 	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Addington, Danny (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Atlanta TV ZEEE1 202E			
Dringinal occu	Atlanta, TX 75551-2625	Employer (See Instructions)		
Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>	American (f)	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$10.00
0313012023				ΦT0'00
	Contributor address; City; State; Zip Code			
	Atlanta, TX 75551-2625			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Addington, Danny (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Atlanta, TX 75551-2625		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*1 00.00
05/30/2025	Aleman, Brayann (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist			,	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 2/179 Rpt: 5/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	5)
	al Association Political Action Committee		00015960	<i>'</i>
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/12/2025	Allen, Sarah (Dr.)		\$10	0.00
	6 Contributor address; City; State; Zip Code			
	Forney, TX 75126			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 3)	
Dentist	· · · · · ·		, 	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Allen, Sarah (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Forney, TX 75126	1		
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist	<u>. </u>			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Allen, Sarah (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Forney, TX 75126			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L 3)	
Dentist	· · · · ·		, 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Allen, Sarah (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Forney, TX 75126			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist			,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/12/2025	Alonso, Alejandro (Dr.)			0.00
	Contributor address; City; State; Zip Code			
	Socorro, TX 79927			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				

			1 Total pages Schedule A1:	
The Instru	iction Guide explains how to complete this fo	orm.	Sch: 3/179 Rpt: 6/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Texas Denta	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Alonso, Alejandro (Dr.)		\$10	.00
	6 Contributor address; City; State; Zip Code			
	Socorro, TX 79927			
8 Principal occu		9 Employer (See Instructions	<u>.</u>	
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	=
05/30/2025	Alonso, Alejandro (Dr.)		\$10	.00
				-
	Socorro, TX 79927			
-	upation / Job title (See Instructions)	Employer (See Instructions	;) ;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025			\$10	.00
	Contributor address; City; State; Zip Code			
	Socorro, TX 79927			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Alonso Rodriguez, Yaquelin (Dr.)		\$100	.00
	Contributor address; City; State; Zip Code			
Drizpingl agg	Brookshire, TX 77423	Employer (Cool Instructions		
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions)	
		<u> </u>		
Date 06/12/2025	Full name of contributor out-of-state PAC (ID#: Alvey, Dallas (Dr.))	Amount of Contribution (\$) \$10	00
00/12/2023	Contributor address; City; State; Zip Code		ΨτΟ	.00
	Contributor address, City, State, Lip Code			
	Houston, TX 77055			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				

	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 4/179 Rpt: 7/191
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		al Association Political Action Committee		00015960
4	Date	5 Full name of contributor 🔲 out-of-state PAC (ID	D#:)	7 Amount of Contribution (\$)
	05/30/2025	Alvey, Dallas (Dr.)		\$10.00
		6 Contributor address; City; State; Zip Code		1
_		Houston, TX 77055		-
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Date	Full name of contributor Out-of-state PAC (ID)	Amount of Contribution (\$)
	05/30/2025	Alvey, Dallas (Dr.)	J#:J	\$10.00
	0010012020			· · · · · · · · · · · · · · · · · · ·
		Continuutor audress, City, State, Zip Code		
		Houston, TX 77055		
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Dentist			
	Date	Full name of contributor Out-of-state PAC (ID)	Amount of Contribution (\$)
	05/30/2025	Alvey, Dallas (Dr.)	///·	\$10.00
	-	Contributor address; City; State; Zip Code		•
		Houston, TX 77055		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Dentist			
	Date	Full name of contributor 🔲 out-of-state PAC (ID	D#:)	Amount of Contribution (\$)
	05/30/2025	Amin, Ketan (Dr.)		\$100.00
		Contributor address; City; State; Zip Code		1
		Homewood, TX 35209		-
	•	ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Dentist			
	Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of Contribution (\$)
	06/08/2025	Anderton, Xochitl (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Lubbock, TX 79424		
_	Dringing occu		Employer (See Instructions	
	Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	5)
┝	Denusi			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/179 Rpt: 8/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	0.0)
4 Date	5 Full name of contributor out-of-state PAC (ID#	ŧ:)	7 Amount of Contribution (\$)	
05/30/2025	Anderton, Xochitl (Dr.)		\$	\$10.00
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Dentist			"' 	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
05/30/2025	Anderton, Xochitl (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
Driv single age	Lubbock, TX 79424		<u> </u>	
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
			1 (A)	
Date	Full name of contributor out-of-state PAC (ID#	ť:)	Amount of Contribution (\$)	± 4 0 00
05/30/2025			¢	\$10.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
05/30/2025	Armstrong, Craig (Dr.)	Ĩ	\$5	500.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77057			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)	
Dentist	•	• • •	,	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
06/12/2025	Arnold, Erin (Dr.)		.,	\$8.33
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Dentist				
		•		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/179 Rpt: 9/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Arnold, Erin (Dr.)			\$8.37
	6 Contributor address; City; State; Zip Code			
				ſ
	Austin, TX 78731			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Arnold, Erin (Dr.)			\$8.33
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Arnold, Erin (Dr.)			\$8.33
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Artaza, Hugo (Dr.)		\$	\$25.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77450			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Aswad, Husham (Dr.)		\$1	L00.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78572			
-	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Dentist				
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 7/179 Rpt: 10/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/12/2025	Azarnoush, Kaveh (Dr.)		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Cedar Park, TX 78613		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Azarnoush, Kaveh (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
	Cedar Park, TX 78613		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Azarnoush, Kaveh (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
	Cedar Park, TX 78613		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			''
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Azarnoush, Kaveh (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
	Cedar Park, TX 78613		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Banks, John (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		1
	Amarillo, TX 79119	(<u></u>	
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 8/179 Rpt: 11/191	
2 FILER NAME			3 Filer ID (Ethics Commission	ו Filers)
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/30/2025				\$10.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79109			
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	<u>ቀ</u> 10 00
05/30/2025				\$10.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79109			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)	
Dentist			,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Banks, John (Dr.)			\$10.00
	Amarillo, TX 79109			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist			1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷100.00
05/30/2025	Barrett, George (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Chesterfield, TX 63005			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Dentist			,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025				\$100.00
	Contributor address; City; State; Zip Code			
	Waxahachie, TX 75165			
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Dentist				
1				

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 9/179 Rpt: 12/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	5 / (/		\$500.0
	6 Contributor address; City; State; Zip Code		1
	Waxahachie, TX 75165		
8 Principal occı	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> š)
Dentist			-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Barron, Vivian (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75214		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Barron, Vivian (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Dentist			,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Barron, Vivian (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/01/2025	Batarse, Allison (Dr.)		\$5.0
	Contributor address; City; State; Zip Code		1
	Houston, TX 77095	-	
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Dentist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/179 Rpt: 13/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Batarse, Allison (Dr.)			\$5.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77095			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Batarse, Allison (Dr.)			\$5.00
	Contributor address; City; State; Zip Code			
D in single age	Houston, TX 77095		、	
	pation / Job title (See Instructions)	Employer (See Instructions	,)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Batarse, Allison (Dr.)			\$5.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77095			
Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Dentist)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/30/2025	Full name of contributor out-of-state PAC (ID#: Bautsch, Jerry (Dr.))		100.00
03/30/2023			φ_	100.00
	Contributor address; City; State; Zip Code			
	Kingwood, TX 77339			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist			,	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
05/30/2025	Bedford, D. Brev (Dr.)	/		100.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78130			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this fo	orm.	Sch: 11/179 Rpt: 14/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Bekish, Daniel (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76132		
Principal occu		9 Employer (See Instructions	<u></u>
Dentist			'
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Belean, Pompilia (Dr.)	/	\$10.00
	Austin, TX 78737		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025			\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78737		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	[] 3)
Dentist	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Belean, Pompilia (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
Dringinal occu	Austin, TX 78737	Employer (See Instructions	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/30/2025	Full name of contributor out-of-state PAC (ID#: Belean, Pompilia (Dr.)	/	\$10.00
00,00,	Contributor address; City; State; Zip Code		
	Austin, TX 78737		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
		· · · · · · · · · · · · · · · · · · ·	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 12/179 Rpt: 15/191	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/12/2025	Bell, Bailey (Dr.)			\$33.33
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78738			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 3)	
Dentist			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Bender, Amy (Dr.)		\$	\$100.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Bender, Sara (Dr.)		\$	\$100.00
	Contributor address; City; State; Zip Code			
Di dastasa	Frisco, TX 75034		<u> </u>	
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Berry, Steven (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Wylie, TX 75098			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Binder, David (Dr.)		\$	\$100.00
	Contributor address; City; State; Zip Code			
	Aransas Pass, TX 78336			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				

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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 13/179 Rpt: 16/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Bishop, Charles (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75225		
8 Principal occu		9 Employer (See Instructions	.) .)
Dentist			·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Blackmond, Heather (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Blackmond, Heather (Dr.)		\$8.37
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78211		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ()
Dentist	· · · · · · · · · · · · · · · · · · ·		, ,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Blackmond, Heather (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
D in single and	San Antonio, TX 78232		
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Blackmond, Heather (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ()
Dentist		, .,	,

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/179 Rpt: 17/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	- al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025			\$100.0
	6 Contributor address; City; State; Zip Code		
	Vidor, TX 77662		<u>`</u>
8 Principal occ Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025			\$100.0
	Contributor address; City; State; Zip Code		
	Kerrville, TX 78028		
	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025			\$10.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77060		
Principal occ Dentist	upation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025			\$10.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77060		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Bosse, Louis-Philippe (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77060	1	
	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)
Dentist			
1			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/179 Rpt: 18/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025			\$10.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77060		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025			\$100.00
	Contributor address; City; State; Zip Code		
Dringinal occu	Louisville, TX 40223	Employer (Soo Instructions	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions	·)
	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 06/12/2025)	Amount of Contribution (\$) \$8.33
0011212020	Contributor address; City; State; Zip Code		ψ0.00
	נטוונווטענטו מעטופיסס, טונץ, סומנכ, בוף טטעט		
	Fredericksburg, TX 78624		
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions)
		<u> </u>	Amount of Contribution (#)
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Bourquein, Robert (Dr.))	Amount of Contribution (\$) \$8.37
0010012020			ψυ.υτ
	Contributor address; City; State; Zip Code		
	Fredericksburg, TX 78624		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Bourquein, Robert (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
	Fredericksburg, TX 78624		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist)
Dentist			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 16/179 Rpt: 19/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Bourquein, Robert (Dr.)		\$8.33
	6 Contributor address; City; State; Zip Code		
	Fredericksburg, TX 78624	i	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Brown, Charles (Dr.)		\$100.00
	Contributor address; City; State; Zip Code		
	Kerrville, TX 78028	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Bryan, Sammy (Dr.)		\$100.00
	Contributor address; City; State; Zip Code		
	Huntsville, TX 77340	1	
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/01/2025	Buckley, George (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77025		<u> </u>
·	upation / Job title (See Instructions)	Employer (See Instructions	S)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Buckley, George (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77025		
-	upation / Job title (See Instructions)	Employer (See Instructions	s)
Dentist			
1			

The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 17/179 Rpt: 20/191	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	al Association Political Action Committee		00015960	1 110.07
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)	
05/30/2025	Buckley, George (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77025			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
05/30/2025	Buckley, George (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77025			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
05/30/2025	Burgess, Amber (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78717			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor Out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
05/30/2025	Burk, Roy (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Littlefield, TX 79339			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of Contribution (\$)	
05/30/2025	Burkhart, William (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 18/179 Rpt: 21/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor Out-of-state PAC (ID#)	7 Amount of Contribution (\$)
05/30/2025	Caldwell, Charles (Dr.)		\$250.0
	6 Contributor address; City; State; Zip Code		
	El Paso, TX 79925	-	
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Dentist			
Date		:)	Amount of Contribution (\$)
06/12/2025	Calongne, Kevin (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		1
	Houston, TX 77024		-
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
Date	Full name of contributor Out-of-state PAC (ID#	:)	Amount of Contribution (\$)
05/30/2025	Calongne, Kevin (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Houston TV 77024		
Dringing loogu	Houston, TX 77024	Employer (Coo Instructions	
Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
05/30/2025			\$10.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77024		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Dentist			" "
	Full name of contributor Out-of-state PAC (ID#	<u> </u>	Amount of Contribution (\$)
Date 05/30/2025	Full name of contributor Out-of-state PAC (ID# Calongne, Kevin (Dr.)	:)	Amount of Contribution (\$) \$10.0
0010012020			ψ±υ.
	Contributor address; City; State; Zip Code		
	Houston, TX 77024		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Dentist			·/

The Ins	struction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: Sch: 19/179 Rpt: 22/191	
2 FILER NA	AME		3 Filer ID (Ethics Commission File	ers)
Texas D	ental Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/20	025 Camp, Mark (Dr.)		\$1	.00.00
	6 Contributor address; City; State; Zip Code			
	Longview, TX 75601			
8 Principal	occupation / Job title (See Instructions) 9	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/20			\$1	.00.00
	Contributor address; City; State; Zip Code			
Dringing	Houston, TX 77024		<u>_</u>	
Principal Dentist	occupation / Job title (See Instructions)	Employer (See Instructions))	
			Account of Opertribution (#)	
Date 06/12/20	Full name of contributor out-of-state PAC (ID#: 025 Canzoneri, Teresa (Dr.))	Amount of Contribution (\$)	\$10.00
00/12/20			ψ	10.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77706-3432			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/20	025 Canzoneri, Teresa (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Decument TV 77706			
Brincipal	Beaumont, TX 77706 occupation / Job title (See Instructions)	Employer (See Instructions)	Λ	
Dentist	occupation / Job title (See instructions)	Employer (See Instructions))	
			Arraquet of Contribution (\$)	
Date 05/30/20	Full name of contributor out-of-state PAC (ID#: 025 Canzoneri, Teresa (Dr.))	Amount of Contribution (\$)	510.00
00,00,20	Contributor address; City; State; Zip Code		¥	10.00
	Cultinului duuress, City, State, Zip Coue			
	Beaumont, TX 77706			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
	· ·			
1				

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/179 Rpt: 23/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/30/2025			\$10	0.00
	6 Contributor address; City; State; Zip Code			
2 Deir sinal age	Beaumont, TX 77706		<u> </u>	
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions	·) 	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/01/2025	Capehart, Christopher (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077	-		
	upation / Job title (See Instructions)	Employer (See Instructions	·)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025			\$10	0.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist			<i>"</i>	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Capehart, Christopher (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist	, , , , , , , , , , , , , , , , , , ,		7	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025				0.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	.))	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/179 Rpt: 24/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/12/2025	Cardenas, Omel (Dr.)		\$10.0
	6 Contributor address; City; State; Zip Code		
	Harlingen, TX 78550		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L \$)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Cardenas, Omel (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Harlingen, TX 78550		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Cardenas, Omel (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Harlingen, TX 78550		
Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Cardenas, Omel (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Harlingen, TX 78550		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Carlson, Jade (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
	upation / Job title (See Instructions)	Employer (See Instructions	•)
Dentist			

The Ir	nstru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 22/179 Rpt: 25/191	
2 FILER	NAME			3	Filer ID (Ethics Commission	n Filers)
Texas	s Denta	l Association Political Action Committee			00015960	
4 Date		5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
05/30/	/2025	Carlson, Jade (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		l				
<u> </u>		Fort Worth, TX 76109				
		pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
Dentis	st					
Date		Full name of contributor out-of-state PAC (ID#:	· :)	Ι	Amount of Contribution (\$)	
05/30/	/2025	Carlson, Jade (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		I				
L		Fort Worth, TX 76109				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
Dentis	st					
Date		Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
05/30/	/2025	Carlson, Jade (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		I				
		Fort Worth, TX 76109				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
Dentis	st					
Date		Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
05/30/	/2025	Carothers, Catherine (Dr.)				\$100.00
1		Contributor address; City; State; Zip Code		1		
1		I				
1		I				
		San Marcos, TX 78666				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
Dentis	st					
Date		Full name of contributor out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
05/30/	/2025	Carothers, Corey (Dr.)				\$100.00
1		Contributor address; City; State; Zip Code		1		
1						
		San Marcos, TX 78666				
Princip	al occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Dentis	st					

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 23/179 Rpt: 26/191
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		l Association Political Action Committee		00015960
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	05/30/2025	Carrasco, Manuel (Dr.)		\$100.00
		6 Contributor address; City; State; Zip Code		
		Odessa, TX 79762		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Dentist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/30/2025	Castano-Rendon, Maria (Dr.)		\$100.00
		Contributor address; City; State; Zip Code		
		Frisco, TX 75033		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Dentist	, , , , , , , , , , , , , , , , , , ,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/12/2025	Castillo, Miguel (Dr.))	\$10.00
	00/12/2023			
		Contributor address; City; State; Zip Code		
		Mission, TX 78572		
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Dentist			5)
				1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/30/2025	Castillo, Miguel (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Mission, TX 78572		
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Dentist			5)
				1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/30/2025	Castillo, Miguel (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Mission, TX 78572		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Dentist			
		· · · ·		

The Ins	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 24/179 Rpt: 27/191
2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
	ental Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/20			\$10.00
	6 Contributor address; City; State; Zip Code		
	Mission, TX 78572		-
8 Principal of Dentist	ccupation / Job title (See Instructions)	9 Employer (See Instructions	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Date 05/30/20)	Amount of Contribution (\$) \$100.00
03/30/20			φτου.οι
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78283-1145		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	l 3)
Dentist			,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/20		,	\$100.00
	Arlington, TX 76012		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/01/20			\$50.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
-	ccupation / Job title (See Instructions)	Employer (See Instructions	s)
Dentist			·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/20			\$50.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Brincipal	ccupation / Job title (See Instructions)	Employer (See Instructions	\ \
Dentist			5)
Denior			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 25/179 Rpt: 28/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/30/2025	Chan, Stephen (Dr.)		\$50.00
	6 Contributor address; City; State; Zip Code		1
	Flower Mound, TX 75028		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Chan, Stephen (Dr.)		\$50.00
	Contributor address; City; State; Zip Code		1
	Flower Mound, TX 75028		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/01/2025	Chandler, Jacob (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		1
	Grapevine, TX 76051	-	
-	ipation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Chandler, Jacob (Dr.)		\$10.00
	Contributor address; City; State; Zip Code	ſ	
		ſ	
	Grapevine, TX 76051		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Dentist			<i>"</i>
	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Chandler, Jacob (Dr.))	\$10.00
0010012020			φ±0.00
	Contributor address; City; State; Zip Code		
	Grapevine, TX 76051		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Dentist			· ·

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/179 Rpt: 29/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	5)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Chandler, Jacob (Dr.)		\$10	0.00
	6 Contributor address; City; State; Zip Code			
	Grapevine, TX 76051			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/12/2025	Chappell, Garrett (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Brownfield, TX 79316	1 _ · · /2 · · · ·		
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Chappell, Garrett (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Brownfield, TX 79316			
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist			·)	
Date		<u> </u>	Amount of Contribution (\$)	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Chappell, Garrett (Dr.))	Amount of Contribution (\$)	0.00
03/30/2023			ψι	0.00
	Contributor address; City; State; Zip Code			
	Brownfield, TX 79316			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist			, ,	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Chappell, Garrett (Dr.)			0.00
	Contributor address; City; State; Zip Code			-
	Brownfield, TX 79316			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 27/179 Rpt: 30/191	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)	
06/12/2025	Chong, Sonia (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79936			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Dentist				
Date		:)	Amount of Contribution (\$)	
05/30/2025	Chong, Sonia (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
D in single and	El Paso, TX 79936		Į	
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor Out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
05/30/2025	Chong, Sonia (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79936			
Drincinal occu		Employor (Soo Instructions	<u> </u>	
Dentist	ipation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)	
05/30/2025	Full name of contributor out-of-state PAC (ID# Chong, Sonia (Dr.)	·)	Amount of Contribution (\$)	\$10.00
03/30/2023				Ψ10.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79936			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	1)	Amount of Contribution (\$)	
05/30/2025	Citrano, Ronald (Dr.)		, . 	\$100.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77706			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Dentist				

	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 28/179 Rpt: 31/191	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
-		I Association Political Action Committee				00015960	11 110.07
4	Date	5 Full name of contributor out-of-state	e PAC (ID#:)	7	Amount of Contribution (\$)	
	06/11/2025	Clitheroe, Robert Lee (Dr.)					\$120.00
		6 Contributor address; City; State; Zip Code					
		Houston, TX 77478					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Dentist						
	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Cobb, George (Dr.)					\$100.00
		Contributor address; City; State; Zip Code					
		Fredericksburg, TX 78624					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist						
	Date	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Cole, Stacy (Dr.)					\$100.00
		Contributor address; City; State; Zip Code					
	·	Fort Worth, TX 76107	r				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist				-		
	Date		e PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Coleman, Debra (Dr.)					\$25.00
		Contributor address; City; State; Zip Code					
		Dedicid TV 76000					
	Drinsipal apou	Bedford, TX 76022	r	Employer (Cool Instructions			
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date		e PAC (ID#:)		Amount of Contribution (\$)	*****
	05/30/2025	Collins, Ron (Dr.)					\$350.00
		Contributor address; City; State; Zip Code					
		Houston, TX 77072					
\vdash	Dringing occu		i	Employer (See Instructions	<u> </u>		
	Dentist	pation / Job title (See Instructions)		Employer (See Instructions	5)		
\vdash	Denusi						

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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 29/179 Rpt: 32/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Denta	al Association Political Action Committee	00015960		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/12/2025	Conley, Emily (Dr.)		\$	\$10.00
	6 Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Conley, Emily (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613		、	
	ipation / Job title (See Instructions)	Employer (See Instructions))	
Dentist		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Conley, Emily (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Dentist)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Conley, Emily (Dr.)	/	.,	\$10.00
00,00,2022	Contributor address; City; State; Zip Code		-	P20.00
	Cedar Park, TX 78613			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Cook, Taylor (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78130			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/179 Rpt: 33/191	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	al Association Political Action Committee		00015960	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Cook, Taylor (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	New Braunfels, TX 78130			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Cook, Taylor (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78130			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Cook, Taylor (Dr.)			\$10.00
	New Braunfels, TX 78130			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Cooke, Howard (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75219			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/11/2025	Cooley, Ralph (Dr.)			\$120.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77054-2032			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

6 Contributor address; City; State; Zip Code 6 Conroe, TX 77304 8 Principal occupation / Job title (See Instructions) Dentist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	s))0.00	Sch: 31/179 Rpt: 34/191		w to complete this f	ction Guide explains hov	The Instruc
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 05/30/2025 6 Contributor address; City; State; Zip Code 5 Conroe, TX 77304 \$100 8 Principal occuration / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	00.00	Filer ID (Ethics Commission File	3			2 FILER NAME
05/30/2025 Cooley, Ralph (Dr.) \$100 6 Contributor address; City; State; Zip Code \$100 6 Controe, TX 77304 \$100 8 Principal occupation / Job title (See Instructions) Dentist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/30/2025 Cooper, Monte (Dr.) \$100	00.00	00015960		Committee	A Association Political Action	Texas Denta
6 Contributor address; City; State; Zip Code 6 Conroe, TX 77304 8 Principal occupation / Job title (See Instructions) Dentist 9 Date Full name of contributor out-of-state PAC (ID#:) Cooper, Monte (Dr.) Amount of Contribution (\$) \$100	0.00	Amount of Contribution (\$)) 7	out-of-state PAC (ID#:_		
6 Contributor address; City; State; Zip Code Conroe, TX 77304 8 Principal occupation / Job title (See Instructions) Dentist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/30/2025 Cooper, Monte (Dr.) \$100		\$1			Cooley, Ralph (Dr.)	05/30/2025
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dentist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/30/2025 Cooper, Monte (Dr.) \$100					6 Contributor address; City; S	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dentist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/30/2025 Cooper, Monte (Dr.) \$100						
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Dentist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/30/2025 Cooper, Monte (Dr.) \$100					Conroe, TX 77304	
Dentist Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/30/2025 Cooper, Monte (Dr.) \$100			9 Employer (See Instructions)	าร)		8 Principal occup
05/30/2025 Cooper, Monte (Dr.) \$100						
		Amount of Contribution (\$))	out-of-state PAC (ID#:_	Full name of contributor	Date
	0.00	\$1			Cooper, Monte (Dr.)	05/30/2025
					Contributor address; City; S	
Hewitt, TX 76643						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist			Employer (See Instructions)	ns)	pation / Job title (See Instructions	
		t t - t O t - t i t i (۴)	<u> </u>			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/30/2025 Cornelius, Brent (Dr.) \$100	00.00)	out-of-state PAC (ID#:_		
	0.00	ψ.		Ctata, Zin Cada		05/30/2025
Contributor address; City; State; Zip Code				State; Zip Coue		
Keller, TX 76248					Keller, TX 76248	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions)	ns)	pation / Job title (See Instructions	Principal occup
Dentist						Dentist
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		Amount of Contribution (\$))	out-of-state PAC (ID#:	Full name of contributor	Date
05/30/2025 Cowan, Joseph (Dr.) \$100	00.00	\$1			Cowan, Joseph (Dr.)	05/30/2025
Contributor address; City; State; Zip Code				State; Zip Code	Contributor address; City; S	
Clyde, TX 79510					Clyde TX 79510	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions)	ne)	-	Principal occur
Dentist				13)		
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)		Amount of Contribution (\$))	Out-of-state PAC (ID#:	Full name of contributor	Date
	.0.00		,			
Contributor address; City; State; Zip Code				State; Zip Code		
				· •		
Amarillo, TX 79106						
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions)	ns)	pation / Job title (See Instructions	
						Dentist
Dentist						

The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 32/179 Rpt: 35/191	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	- tal Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)	
05/30/2025	/ ()			\$10.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79106			
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Dentist				
Date		#:)	Amount of Contribution (\$)	
05/30/2025				\$10.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79106			
	supation / Job title (See Instructions)	Employer (See Instructions	5)	
Dentist				
Date		#:)	Amount of Contribution (\$)	
05/30/2025				\$10.00
	Contributor address; City; State; Zip Code			
Duin single ass	Amarillo, TX 79106		<u> </u>	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Date		#:)	Amount of Contribution (\$)	±100.00
05/30/2025	Crise, Stephanie (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	McKinney, TX 75072			
Bringinal occ		Employer (See Instructions		
Dentist	upation / Job title (See Instructions)	Employer (See Instructions	»)	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	#100.00
05/30/2025				\$100.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76107			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist			5)	
Dentist				

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 33/179 Rpt: 36/191	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		I Association Political Action Committee			00015960	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Croley, Thomas (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Lufkin, TX 75904				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Curd, Craig (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Katy, TX 77450				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dentist			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2025	Danna, Jodi (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Prosper, TX 75078				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Dentist			5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Danna, Jodi (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Prosper, TX 75078				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dentist					
ſ	Date	Full name of contributor out-of-state PAC (ID#:)	Ţ	Amount of Contribution (\$)	
	05/30/2025	Danna, Jodi (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		D				
	D 1 - the elignesis	Prosper, TX 75078		Ĺ		
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
⊢	Dentist					
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 34/179 Rpt: 37/191			
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2 FILER NAME			3 Filer ID (Ethics Commission Filers))		
	al Association Political Action Committee		00015960	,		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)			
05/30/2025	Danna, Jodi (Dr.)		\$10).00		
	6 Contributor address; City; State; Zip Code					
D include a	Prosper, TX 75078		、 、			
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions	;)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
06/12/2025	Dastoor, Sarosh (Dr.)		\$10).00		
	Contributor address; City; State; Zip Code					
	Houston, TX 77070	1				
	upation / Job title (See Instructions)	Employer (See Instructions	;)			
Dentist						
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)			
05/30/2025			\$10).00		
	Contributor address; City; State; Zip Code					
	Houston, TX 77070					
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
Dentist			, 			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
05/30/2025	Dastoor, Sarosh (Dr.)		\$10).00		
	Contributor address; City; State; Zip Code					
	Houston, TX 77070					
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l 3)			
Dentist						
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)			
05/30/2025	Dastoor, Sarosh (Dr.)		\$10).00		
	Contributor address; City; State; Zip Code					
	Houston, TX 77070	1				
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)			
Dentist						

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 35/179 Rpt: 38/191	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		I Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Davenport, Dick (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
	Dringinal occu	Laredo, TX 78041 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
ò	Dentist		9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/01/2025	Davis, Camie (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79423		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷10.00
	05/30/2025					\$10.00
		Contributor address; City; State; Zip Code				
		Lubbock, TX 79423				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Dentist	,	— F - 7 - 1	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Davis, Camie (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79423				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Davis, Camie (Dr.)				\$10.00
		Contributor address; City; State; Zip Code]		
		Lubbook TV 70422				
\vdash	Drineipol oppu	Lubbock, TX 79423	Employer (Coo Instructions	- \		
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
┝	Denusi					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 36/179 Rpt: 39/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/16/2025	Davis, Trumon (Dr.)		\$10.00
	6 Contributor address; City; State; Zip Code		
	Henderson, TX 75654		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Davis, Trumon (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Henderson, TX 75654		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Davis, Trumon (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Henderson, TX 75654	· · · · · ·	
-	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Davis, Trumon (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Handaroon TV 7EGEA		
Dringing occu	Henderson, TX 75654	Employer (See Instructions	N
Dentist	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/12/2025	Davis, Yvette (Dr.)		\$12.50
	Contributor address; City; State; Zip Code		
	El Paso, TX 79938		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	N
Dentist)
Dentist			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 37/179 Rpt: 40/191	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	al Association Political Action Committee		00015960	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Davis, Yvette (Dr.)			\$12.50
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79938			
8 Principal occu Dentist	ipation / Job title (See Instructions)	9 Employer (See Instructions)	.)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Davoody, Amirparviz (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77025			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Dawood, Shaymaa (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78572			
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$10.00
06/12/2025	Day, Francys (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist			,	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Day, Francys (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)	
Dentist				

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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 38/179 Rpt: 41/191
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
[l Association Political Action Committee		00015960
4	Date	5 Full name of contributor out-of-state PAC (ID:	#:)	7 Amount of Contribution (\$)
	05/30/2025	Day, Francys (Dr.)		\$10.00
		6 Contributor address; City; State; Zip Code		
		Austin, TX 78731	1	
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
F	Date	Full name of contributor out-of-state PAC (ID;	+:)	Amount of Contribution (\$)
	05/30/2025	Day, Francys (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78731		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Dentist			
	Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)
	05/30/2025	De La Garza, Andrew (Dr.)		\$100.00
		Contributor address; City; State; Zip Code		
⊢	<u> </u>	San Antonio, TX 78230		Į
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date	Full name of contributor out-of-state PAC (ID;	+:)	Amount of Contribution (\$)
	06/12/2025	De Santis, Rocco (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Kilgore, TX 75662		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Dentist			
	Date	Full name of contributor 🔲 out-of-state PAC (ID)	#:)	Amount of Contribution (\$)
	05/30/2025	De Santis, Rocco (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Kilgore, TX 75662		<u> </u>
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Dentist			
1				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 39/179 Rpt: 42/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	De Santis, Rocco (Dr.)		\$	610.00
	6 Contributor address; City; State; Zip Code			
	Kilgore, TX 75662			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	De Santis, Rocco (Dr.)			510.00
	Contributor address; City; State; Zip Code			
	Kilgore, TX 75662			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/03/2025	Decker, Ashley (Dr.)		\$	610.00
	Contributor address; City; State; Zip Code			
	Weatherford, TX 76086		-	
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Decker, Ashley (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Weatherford, TX 76086			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Decker, Ashley (Dr.)	/		\$10.00
00,00,	Contributor address; City; State; Zip Code			
	Weatherford, TX 76086			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
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The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 40/179 Rpt: 43/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (IE)#:)	7 Amount of Contribution (\$)
05/30/2025	Deering, Bart (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Plano, TX 75093		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Dentist			
Date	Full name of contributor	D#:)	Amount of Contribution (\$)
06/14/2025	Dizon, Gabrielle (Dr.)	·····	\$5.00
	Dallas, TX 75206		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)))
Dentist		, . ,	,
Date	Full name of contributor Out-of-state PAC (IE)	Amount of Contribution (\$)
05/30/2025	Dizon, Gabrielle (Dr.))#)	\$5.00
03/30/2023			\$5.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			,
Date	Full name of contributor Out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
05/30/2025	Dizon, Gabrielle (Dr.)	/π/	\$5.00
00/00/2020			40.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			, ,
Date	Full name of contributor Out-of-state PAC (IE	<u> </u>	Amount of Contribution (\$)
05/30/2025	Full name of contributor out-of-state PAC (IE Dizon, Gabrielle (Dr.)	J#:/	\$5.00
03/30/2023			40.00 I
	Contributor address; City; State; Zip Code		
	Dallas, TX 75206		
Bringinal occu		Employor (Soo Instructions	N
Dentist	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist			

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 41/179 Rpt: 44/191	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		al Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Do, Thuydung (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code				
_	Drin singl oppu	Arlington, TX 76001	Employer (Cas Instructions	Ĺ		
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2025	Dominguez, Mercedes (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75063-8903				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Dominguez, Mercedes (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Lating TV 75000 0000				
	Duin single age	Irving, TX 75063-8903		Ĺ		
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	05/30/2025	Full name of contributor out-of-state PAC (ID#: Dominguez, Mercedes (Dr.))		Amount of Contribution (\$)	\$10.00
	03/30/2023					\$10.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75063-8903				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Dominguez, Mercedes (Dr.)			• •	\$10.00
		Contributor address; City; State; Zip Code				
		Irving, TX 75063-8903				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Dentist					

The In:	struction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/179 Rpt: 45/191	
2 FILER N	AME		3 Filer ID (Ethics Commission F	-ilers)
	ental Association Political Action Committee		00015960	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/12/2				\$10.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78248			
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2				\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	i)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2				\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248	1		
	occupation / Job title (See Instructions)	Employer (See Instructions	i)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2	D25 Dreher, Joan (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248			
· ·	occupation / Job title (See Instructions)	Employer (See Instructions	i)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2	D25 Drennan, Terry (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
D in size of	Fort Worth, TX 76109		、	
	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 43/179 Rpt: 46/191	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	al Association Political Action Committee		00015960	1 110.07
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Dunlap, Francis (Dr.)			\$33.33
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77079			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Dunlap, Francis (Dr.)			\$33.33
	Contributor address; City; State; Zip Code			
	Houston, TX 77079			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Eberhart, Gregory (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Quitman, TX 75783			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Elizondo, John (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411	_		
•	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Ellis, Edward (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78202			
-	ipation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 44/179 Rpt: 47/191
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Engels, Aaron (Dr.)		\$100.
	6 Contributor address; City; State; Zip Code		
Dringinglocg	Austin, TX 78732	Employer (See Instructions	\ \
Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Enlow, Summerjoy (Dr.)		\$100.
	Contributor address; City; State; Zip Code		
	Nacogdoches, TX 75961-4291		
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	۱
Dentist)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Ernst, Charles (Dr.))	Amount of Contribution (\$) \$100.
03/30/2023	Contributor address; City; State; Zip Code		\$100.
	Contributor address, City, State, Zip Code		
	Bryan, TX 77802		
-	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Esquivel, Adalberto (Dr.)		\$100.
	Contributor address; City; State; Zip Code		
	Mission, TX 78572-4348		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Favor, Joseph (Dr.)		\$100.
	Contributor address; City; State; Zip Code		
	Houston, TX 77042		
-	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 45/179 Rpt: 48/191	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
 _		al Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Findley, John (Dr.)				\$250.00
		6 Contributor address; City; State; Zip Code		1		
		Plano, TX 75074				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dentist			-		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	05/30/2025	Fitzgerald, Sean (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Kingwood, TX 77345				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/12/2025	Flanagan, Cynthia (Dr.)				\$10.00
		Contributor address; City; State; Zip Code]		
\vdash	Drive sized, oppu	Houston, TX 77058		Ĺ		
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	05/30/2025	Flanagan, Cynthia (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77058				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	05/30/2025	Flanagan, Cynthia (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77058				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 46/179 Rpt: 49/191	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	al Association Political Action Committee		00015960	horoj
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Flanagan, Cynthia (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77058			
8 Principal occu		9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Fleshman, Brandon (Dr.)		:	\$100.00
	Contributor address; City; State; Zip Code			
	Texas City, TX 77590			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*10.00
06/01/2025	Flosi, Caitlin (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Flosi, Caitlin (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Flosi, Caitlin (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete t	his form.	1 Total pages Schedule A1: Sch: 47/179 Rpt: 50/191	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC) (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Flosi, Caitlin (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Dentist			·/	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
05/28/2025	Foreman, Claire (Dr.)			\$10.00
	Contributor address; City; State; Zip Code		, 	
	Austin, TX 78749			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
05/30/2025	Foreman, Claire (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78749			
-	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Dentist				
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
05/30/2025	Foreman, Claire (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78749	i		
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC) (ID#:)	Amount of Contribution (\$)	
06/15/2025	Foreman, Jason (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78737	i		
-	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 48/179 Rpt: 51/191	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Foreman, Jason (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78737			
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
Dentist			···	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Foreman, Jason (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78737	1		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Foreman, Jason (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78737			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Foss, Tina (Dr.)	ſ		\$33.33
	Contributor address; City; State; Zip Code			
		ſ		
	Mesquite, TX 75150			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist			''	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Fossum, Richard (Dr.)		. ,	\$100.00
	Contributor address; City; State; Zip Code			
	Temple, TX 76502			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 49/179 Rpt: 52/191	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Franklin, Lisa (Dr.)			\$100.00
	6 Contributor address; City; State; Zip Code			
	Comus Christi TV 70/10			
Principal occu	Corpus Christi, TX 78418 upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u>	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Fray, David (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75039			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/30/2025	Fray, David (Dr.)	,		\$10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75039			
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Fray, David (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75039			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)	
Dentist			,	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Fuhrmann, Dana (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Muenster, TX 76252			
	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions))	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 50/179 Rpt: 53/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	5)
	al Association Political Action Committee		00015960	.,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/02/2025	Fuller, Charles (Dr.)		\$100	0.00
	6 Contributor address; City; State; Zip Code			
	Bryan, TX 77802			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Fuqua, Steven (Dr.)		\$100	0.00
	Contributor address; City; State; Zip Code			
	Coutblete TV 76000			
Dringinal occu	Southlake, TX 76092	Employer (Soo Instructions)	N	
Dentist	ipation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>	Amount of Contribution (A)	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$100	0.00
0313012023			ψτυς	0.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Furqueron, Buddy (Dr.)		\$100	0.00
	Contributor address; City; State; Zip Code			
	Lindale, TX 75771			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	GOSSETT, JAMES (Dr.)		\$100	0.00
	Contributor address; City; State; Zip Code			
	New Braunfels, TX 78132			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist)	
-				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 51/179 Rpt: 54/191	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)	
06/12/2025	Gadia, Rocelle (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78503			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
05/30/2025	Gadia, Rocelle (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78503			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
05/30/2025	Gadia, Rocelle (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78503			
	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
05/30/2025	Gadia, Rocelle (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78503			
·	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
05/30/2025	Garcia, Carlos (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092			
-	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

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	The Instru	ction Guide explains how to cor	mplete this fc	orm.	1	Total pages Schedule A1: Sch: 52/179 Rpt: 55/191	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		al Association Political Action Committ	tee			00015960	
4	Date	5 Full name of contributor out-o	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Garcia, Ricardo (Dr.)					\$100.00
	I	6 Contributor address; City; State; Zip 0	Code				
	I						
	l						
_		McAllen, TX 78501	r				
8	Principal occu Dentist	pation / Job title (See Instructions)	1	9 Employer (See Instructions	5)		
╞	Date	Full name of contributor)		Amount of Contribution (\$)	
	Dale 05/30/2025	Garrett, David (Dr.)	of-state PAC (ID#:)			\$25.00
	0010012020						Ψ20.00
	I	Contributor address; City; State; Zip (Code				
	I						
	I	Hewitt, TX 76643					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	1 5)		
	Dentist	· -					
╞	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Gerhardt, Jeffery (Dr.)					\$100.00
	I						
	I						
	I	1					
		Cedar Park, TX 78613					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist						
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Gerlach, William (Dr.)					\$1,871.00
	I	Contributor address; City; State; Zip (1		
	I	1					
	l						
		Prosper, TX 75078	r		Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
L	Dentist				-		
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	+ 00
	05/30/2025	Gibson, Jerome (Dr.)					\$25.00
	I	Contributor address; City; State; Zip (Code				
	I						
	I	San Antonio, TX 78218					
┝	Drincinal occu	pation / Job title (See Instructions)	r	Employer (See Instructions	<u> </u>		
	Dentist)		
\vdash	Dentist		I				
1							

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 53/179 Rpt: 56/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Gibson, Kathy (Dr.)		\$250.00
	6 Contributor address; City; State; Zip Code		
Drincinal occu	Houston, TX 77054 Ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Gies, Lavoyger (Dr.)		\$100.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78251		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Dentist		Ep.090. (200	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Gillespie, Jason (Dr.)	/	\$33.33
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78212		
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions)))
	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Gillespie, Jason (Dr.))	Amount of Contribution (\$) \$33.33
03/30/2023	Contributor address; City; State; Zip Code		÷00.00
	Continuation address, City, State, Zip Code		
	San Antonio, TX 78212		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/22/2025	Glenn, Randal (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Sugar Land TV 77479		
Dringing occu	Sugar Land, TX 77478	Employer (See Instructions)	
Dentist	ipation / Job title (See Instructions)	Employer (See Instructions)	·)
Dentist			

The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 54/179 Rpt: 57/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/30/2025			\$10.00
	6 Contributor address; City; State; Zip Code		
2 Deimsingel ages	Sugar Land, TX 77478		Į
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Glenn, Randal (Dr.)	/	\$10.00
00,00,2022			
	Sugar Land, TX 77478		
	upation / Job title (See Instructions)	Employer (See Instructions	š)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Glenn, Randal (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Sugar Land, TX 77478		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Dentist			''
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Glennon, John (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
Di vicel e e	Austin, TX 78756		Ļ
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
		<u> </u>	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Glennon, John (Dr.))	Amount of Contribution (\$) \$10.00
00/30/2023			ψτ0.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78756		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	s)
Dentist			
		1	

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	orm.	Sch: 55/179 Rpt: 58/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Glennon, John (Dr.)		\$10.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78756		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Golden, Lauren (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
	Crosby, TX 77532		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Golden, Lauren (Dr.)		\$5.00
00/00/2020	Contributor address; City; State; Zip Code		
	Crosby, TX 77532		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Golden, Lauren (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
	Creeky TV 77522		
Dringingloggy	Crosby, TX 77532	Employer (Cap Instructions	
Dentist	pation / Job title (See Instructions)	Employer (See Instructions)
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Golden, Lauren (Dr.))	Amount of Contribution (\$) \$5.00
05/30/2025			\$5.00
	Contributor address; City; State; Zip Code		
	Crosby, TX 77532		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			

The Instruction Guide explains how to complete this form. Solution 2 FILER NAME 3 File Texas Dental Association Political Action Committee 00 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Ar 06/12/2025 6 Contributor address; City; State; Zip Code 7 Ar 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 9 Date Full name of contributor out-of-state PAC (ID#:) 0 Ar 05/30/2025 Full name of contributor out-of-state PAC (ID#:) 0 Ar 05/30/2025 Full name of contributor out-of-state PAC (ID#:) 0 Ar 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Ar McKinney, TX 75069 McKinney, TX 75069 Employer (See Instructions) Employer (See Instructions) Dentist Octributor address; City; State; Zip Code Employer (See Instructions) Employer (See Instructions) Dentist Date Full name of contributor Employer (See Instructions) Employer (See Instructions) Dentist Dent	Amount of Contribution (\$) \$1	rs) 10.00 10.00
2 FILER NAME Texas Dental Association Political Action Committee 3 File 00 4 Date 06/12/2025 5 Full name of contributor out-of-state PAC (ID#:) 7 Ar 06/12/2025 6 Contributor address; City; State; Zip Code McKinney, TX 75069 9 Employer (See Instructions) Dentist 9 Employer (See Instructions) Ar 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Ar Ar 05/30/2025 Full name of contributor out-of-state PAC (ID#:) Ar Ar 05/30/2025 Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Full name of contributor	Filer ID (Ethics Commission Filer 20015960 Amount of Contribution (\$) Amount of Contribution (\$) \$1 Amount of Contribution (\$)	10.00
Texas Dentil Association Political Action Committee 00 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Ar 06/12/2025 Goldman, Elizabeth (Dr.) 6 Contributor address; City; State; Zip Code 7 Ar 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 9 Employer (See Instructions) Ar 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Ar Ar 05/30/2025 Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Ar Principal occupation / Job title (See Instructions) Employer (See Instructions) Ar Dentist McKinney, TX 75069 Employer (See Instructions) Ar Dentist Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Ar Date Full name of contributor out-of-state PAC (ID#:	20015960 Amount of Contribution (\$) Amount of Contribution (\$) \$1 Amount of Contribution (\$)	10.00
06/12/2025 Goldman, Elizabeth (Dr.) 6 Contributor address; City; State; Zip Code McKinney, TX 75069 McKinney, TX 75069 8 Principal occupation / Job title (See Instructions) Dentist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code McKinney, TX 75069 McKinney, TX 75069 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Goldman, Elizabeth (Dr.) Employer (See Instructions) Dentist Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$1	10.00
6 Contributor address; City; State; Zip Code McKinney, TX 75069 8 Principal occupation / Job title (See Instructions) Dentist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Ar McKinney, TX 75069 McKinney, TX 75069 Employer (See Instructions) Ar Principal occupation / Job title (See Instructions) Employer (See Instructions) Ar Date Full name of contributor out-of-state PAC (ID#: Ar Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$1	10.00
6 Contributor address; City; State; Zip Code McKinney, TX 75069 9 8 Principal occupation / Job title (See Instructions) Dentist 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code	\$1 Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.)	\$1 Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.)	\$1 Amount of Contribution (\$)	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.)	\$1 Amount of Contribution (\$)	
Dentist Date Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.)	\$1 Amount of Contribution (\$)	
05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code McKinney, TX 75069 Principal occupation / Job title (See Instructions) Dentist Date Full name of contributor 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code	\$1 Amount of Contribution (\$)	
Contributor address; City; State; Zip Code McKinney, TX 75069 Principal occupation / Job title (See Instructions) Dentist Date Full name of contributor 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code McKinney, TX 75069 Principal occupation / Job title (See Instructions) Dentist Date Full name of contributor 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code		10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor out-of-state PAC (ID#:) O5/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code		10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor out-of-state PAC (ID#:) O5/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code		10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor out-of-state PAC (ID#:) O5/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code		10.00
Dentist Date Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code		10.00
Date Full name of contributor out-of-state PAC (ID#:) Ar 05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code Ar		10.00
05/30/2025 Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code		10.00
Contributor address; City; State; Zip Code	Ф.	10.00
McKinney, TX 75069		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Dentist		
Date Full name of contributor out-of-state PAC (ID#:) Ar	Amount of Contribution (\$)	
05/30/2025 Goldman, Elizabeth (Dr.)	\$1	10.00
Contributor address; City; State; Zip Code		
McKinney, TX 75069		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist		
	· · · · · · · · · · · · · · · · · · ·	
	Amount of Contribution (\$)	~~ ~~
05/30/2025 Goodwin, Robert (Dr.)	ΦΤ(00.00
Contributor address; City; State; Zip Code		
Prownwood TV 76901		
Brownwood, TX 76801		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist		
Denust		

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 57/179 Rpt: 60/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	al Association Political Action Committee		00015960	0)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Gott, Karen (Dr.)		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Lindale, TX 75771			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Goulding, Michael (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76107			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Graves, Cody (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Goldthwaite, TX 76844	l		
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Graves, Cody (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
· · · ·	Goldthwaite, TX 76844			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Graves, Cody (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Goldthwaite, TX 76844			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 58/179 Rpt: 61/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
05/30/2025	Graves, Cody (Dr.)		\$10.00
	6 Contributor address; City; State; Zip Code		
	Goldthwaite, TX 76844		
	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>.</i>)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
05/30/2025	Green, Austin (Dr.)		\$100.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76712		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
05/30/2025	Greer, David (Dr.)		\$100.00
	Contributor address; City; State; Zip Code		
	Benbrook, TX 76109		
	upation / Job title (See Instructions)	Employer (See Instructions	·)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
05/30/2025	Griffey, Clara (Dr.)		\$33.3
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
	upation / Job title (See Instructions)	Employer (See Instructions	<i>.</i>)
Dentist			
Date	Full name of contributor Dut-of-state PAC (ID#	#:)	Amount of Contribution (\$)
05/30/2025	Griffey, Clara (Dr.)		\$33.33
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
	upation / Job title (See Instructions)	Employer (See Instructions	·)
Dentist			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 59/179 Rpt: 62/191	
2 FILER NAME			3 Filer ID (Ethics Commission	
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025				\$100.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78212			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist			, 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Hadavand, Richard (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75219-5463			
	upation / Job title (See Instructions)	Employer (See Instructions))	_
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Hagen, Heather (Dr.)			\$12.50
	Contributor address; City; State; Zip Code			
	Leander, TX 78641-3668			
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Hall, Glen (Dr.)			\$1,000.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79605			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist	<u></u>			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Hamlett, Kenneth (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75205			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
1				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 60/179 Rpt: 63/191	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	al Association Political Action Committee		00015960	1010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
06/12/2025	Hampton, Darian (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Irving, TX 75063			
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Hampton, Darian (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75063	-		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Hampton, Darian (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75063		-	
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Hampton, Darian (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75063			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)	
05/30/2025	Harris, Michael (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Killeen, TX 76543			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 61/179 Rpt: 64/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Hassell, Gene (Dr.)		\$175.00
	6 Contributor address; City; State; Zip Code		1
	Pflugerville, TX 78660		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;) ;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/11/2025	Hattaway, Shad (Dr.)		\$15.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75074-5846		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Hau, Helen (Dr.)		\$10.00
	Austin, TX 78703		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) ;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Hau, Helen (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78703		
	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Hebert-Schoener, Stacy (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		1
	Bellaire, TX 77401-3125		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 62/179 Rpt: 65/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Hebert-Schoener, Stacy (Dr.)		\$10.00
	6 Contributor address; City; State; Zip Code		
	Bellaire, TX 77401		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Hebert-Schoener, Stacy (Dr.)		\$10.00
	Bellaire, TX 77401		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions))
Dentist		, , ,	,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/12/2025	Heck, Annalisa (Dr.)		\$8.33
00/12/2020			¥0.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)
Dentist		, · · · · · · · · · · · · · · · · · · ·	,
Date	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (\$)
05/30/2025	Heck, Annalisa (Dr.)		\$8.37
03/30/2023			ψο.οτ
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	N .
Dentist)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Heck, Annalisa (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
	Austin, TX 78748	l	
-	pation / Job title (See Instructions)	Employer (See Instructions))
Dentist			

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 63/179 Rpt: 66/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025			\$8.33
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78748		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Heck, Matthew (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
	pation / Job title (See Instructions)	Employer (See Instructions))
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Heck, Matthew (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
-	pation / Job title (See Instructions)	Employer (See Instructions))
Dentist		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Heck, Matthew (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Austin TV 70740		
Dringing oogu	Austin, TX 78748		<u> </u>
Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions))
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
05/30/2025	Heck, Matthew (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Auctin TV 70740		
Dringing occu	Austin, TX 78748		<u> </u>
Dentist	pation / Job title (See Instructions)	Employer (See Instructions))
Denusi			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 64/179 Rpt: 67/191	
2 FILER NAME			3 Filer ID (Ethics Commission	i Filers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/08/2025	Heinrich, David (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Fredericksburg, TX 78624			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Heinrich, David (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Fredericksburg, TX 78624			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Heinrich, David (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Frederickehurg TV 79624			
Dringinal occu	Fredericksburg, TX 78624	Employer (Soo Instructions	A	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Heinrich, David (Dr.)	,		\$10.00
	Contributor address; City; State; Zip Code			
	Fredericksburg, TX 78624			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Heinrich-Null, Lisa (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Victoria, TX 77904			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 65/179 Rpt: 68/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Hempfling, John (Dr.)		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76309			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/08/2025	Henegar, Anthony (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75038			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Henegar, Anthony (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75038			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Henegar, Anthony (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75038			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions		
Dentist)	
		<u> </u>	Amount of Contribution (¢)	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Henegar, Anthony (Dr.))	Amount of Contribution (\$)	10.00
03/30/2023			τψ	10.00
	Contributor address; City; State; Zip Code			
	Irving, TX 75038			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Dentist			,	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 66/179 Rpt: 69/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Herber, Paula (Dr.)		\$100.0
	6 Contributor address; City; State; Zip Code		
	Waller, TX 77484		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
Dentist			,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Hernandez, Graciela (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Pearland, TX 77584		
	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Herrington, Jay (Dr.)		\$100.0
	Contributor address; City; State; Zip Code		
Di destass	Palestine, TX 75801		
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Herwig, Larry (Dr.)		\$100.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75225		
	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/11/2025	Hill, Ron (Dr.)		\$120.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			

The Inst	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 67/179 Rpt: 70/191	
2 FILER NAM	E		3 Filer ID (Ethics Commission	1 Filers)
	ntal Association Political Action Committee		00015960	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/11/202	,			\$187.10
	6 Contributor address; City; State; Zip Code			
9 Dringinglige	Cupation / Job title (See Instructions)	Employer (See Instructions)	N	
Dentist	cupation 7 Job fille (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/202				\$100.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal or	cupation / Job title (See Instructions)	Employer (See Instructions)	1	
Dentist)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/30/202)	Amount of Contribution (\$)	\$100.00
00/00/202	Contributor address; City; State; Zip Code			Ψ100.00
	Contributor address, City, State, Zip Code			
	Fredericksburg, TX 78624			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/202				\$100.00
	Contributor address; City; State; Zip Code			
Duinainata	Austin, TX 78759	European (O a a la atmustica a)	<u></u>	
Dentist	cupation / Job title (See Instructions)	Employer (See Instructions))	
		I		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	¢100.00
05/30/202				\$100.00
	Contributor address; City; State; Zip Code			
	Grand Prairie, TX 75050			
Principal oc	L cupation / Job title (See Instructions)	Employer (See Instructions))	
Dentist	· ·			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 68/179 Rpt: 71/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Horton, Amy (Dr.)		\$1	.00.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75231			
8 Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Houari, Ibrahim (Dr.)			\$1.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
	pation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Howe, John (Dr.)		\$	25.00
	Contributor address; City; State; Zip Code			
	Missouri City TX 774E0			
Dringing Loogu	Missouri City, TX 77459	Employer (Cap Instructions	<u> </u>	
Dentist	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Huet, Jennine (Dr.)		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77381-4760			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Hughes, James (Dr.)		\$	510.00
	Contributor address; City; State; Zip Code			
	Tyler TV 75702 1122			
Dringing age	Tyler, TX 75703-1132	Employer (Soo Instructions		
Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)	
Dential				

Texas Dental Association Political Action Committee 00015960					
Texas Dental Association Political Action Committee 00015960 4 Date 5 Full rame of contributor out-of-state PAC (D#:	The Instruc	ction Guide explains how to complete this f	iorm.		
Texas Dental Association Political Action Committee 00015960 4 Date 5 Full rame of contributor out-of-state PAC (D#:	2 FILER NAME)
05/30/2025 Hughes, James (Dr.) \$10.00 6 Contributor address; City; State; Zip Code \$10.00 7 Principal occupation / Job tite (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (DB::		Association Political Action Committee			
6 Contributor address: City; State: Zip Code Tyler, TX 75703-1132 Perployer (See Instructions) Dentist 9 Date Full name of contributor 05/30/2025 Hughes, James (Dr.) Contributor address: City; State: Zip Code Tyler, TX 75703-1132 Principal occupation / Job title (See Instructions) Dentist Principal occupation / Job title (See Instructions) Dentist Date OS/30/2025 Full name of contributor Oscord of Contributor address; City; State: Zip Code Tyler, TX 75703-1132 Principal occupation / Job title (See Instructions) Dentist Date OS/30/2025 Full name of contributor Out-of-state PAC (ID#; Mansfield, TX 76063-2619 Principal occupation / Job title (See Instructions) Dentist Date Os/30/2025 Jacobs, Stace# (Dr.) Os/30/2025 Jacobs, Stace# (Dr.) Os/30/2025 Participal occupation / Job title (See Instructions) Dentist Pri	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ox-of-state PAC (IDE: Amount of Contribution (\$) S10.00 Contributor address; City; State; Zip Code Full name of contributor ox-of-state PAC (IDE: Date Tyler, TX 75703-1132 Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor ox-of-state PAC (IDE: Amount of Contribution (\$) S100.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$100.00 Date Full name of contributor ox-of-state PAC (IDE: Amount of Contribution (\$) \$100.00 Dentist Employer (See Instructions) Employer (See Instructions) S100.00 Dentist Full name of contributor ox-of-state PAC (IDE: Amount of Contribution (\$) Dof(30/2025 Jacobs, Stacey (Dr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) 05/30/2025 Jacobs, Stacey (Dr.) Employer (See Instructions)	05/30/2025			\$10).00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (De/) Amount of Contribution (\$)					
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05/30/2025 Hughes, James (Dr.) \$10.00 Contributor address; City; State; Zip Code Tyler, TX 75703-1132 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor	Dentist				
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Contributor address; City; State; Zip Code Weslaco, TX 78596-6608 Principal occupation / Job title (See Instructions) Employer (See Instructions)					0.00
Weslaco, TX 78596-6608 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
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Principal occupation / Job title (See Instructions) Employer (See Instructions)		Weslaco, TX 78596-6608			
	Principal occu		Employer (See Instructions	<u> </u>	
	-			<i>7</i>	
The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 70/179 Rpt: 73/191		
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Texas Denta	al Association Political Action Committee		00015960		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
05/30/2025			\$10.00		
	6 Contributor address; City; State; Zip Code				
	Weslaco, TX 78596-6608				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	[] 3)		
Dentist		·	, 		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
05/30/2025	Jarema, James (Dr.)		\$10.00		
	Contributor address; City; State; Zip Code				
	Weslaco, TX 78596-6608				
	upation / Job title (See Instructions)	Employer (See Instructions	;)		
Dentist					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
05/30/2025	Jarema, James (Dr.)		\$10.00		
	Contributor address; City; State; Zip Code				
	Weslaco, TX 78596-6608				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Dentist			<i>y</i>		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)		
05/30/2025	Jennings, Brad (Dr.)		\$100.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77079				
-	upation / Job title (See Instructions)	Employer (See Instructions	;)		
Dentist					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
05/30/2025	Jos, Swapna (Dr.)		\$100.00		
	Contributor address; City; State; Zip Code				
	Plano, TX 75025-5500				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 71/179 Rpt: 74/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	rs)
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Jung, Soong-Ryong (Dr.)		\$1	00.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75024			
8 Principal occu Dentist	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Katz, Stephen (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Kaviani, Kevin (Dr.)		\$	10.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77024			
	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Kaviani, Kevin (Dr.)		\$	10.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77024			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/30/2025	Full name of contributor out-of-state PAC (ID#: Kaviani, Kevin (Dr.))		10.00
03/30/2023	Contributor address: City: State: Zip Code		Ψ.	10.00
	Contributor address, City, State, Zip Code			
	Houston, TX 77024			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	
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The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 72/179 Rpt: 75/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	al Association Political Action Committee		00015960	3)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Kaviani, Kevin (Dr.)		\$1	10.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77024			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	· :)	Amount of Contribution (\$)	
05/30/2025	Keepers, Deborah (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Helotes, TX 78023			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/01/2025	Keeton, David (Dr.)			10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78201			
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Keeton, David (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78201			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Keeton, David (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78201			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 73/179 Rpt: 76/191
2 FILER NAME	Ξ		3 Filer ID (Ethics Commission Filers)
Texas Dent	tal Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Keeton, David (Dr.)		\$10.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78201		
8 Principal occ	L cupation / Job title (See Instructions)	9 Employer (See Instructions)	b)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025			\$200.00
	Contributor address; City; State; Zip Code		
Dringinal occ	Austin, TX 78751	Employer (See Instructions	
Dentist	cupation / Job title (See Instructions)	Employer (See Instructions	<i>.</i>)
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
05/30/2025)	\$25.00
00,00,2020	Contributor address; City; State; Zip Code		+
	Silsbee, TX 77656		
	cupation / Job title (See Instructions)	Employer (See Instructions	·)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Kennedy, iii, PAUL (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78414		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	() ;)
Dentist	, , , , ,		,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025			\$10.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78414		
	cupation / Job title (See Instructions)	Employer (See Instructions))
Dentist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 74/179 Rpt: 77/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	,10)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Kennedy, iii, PAUL (Dr.)		\$	510.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Kennedy, iii, PAUL (Dr.)		\$	510.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Kenney, Dan (Dr.)		\$	25.00
	Contributor address; City; State; Zip Code			
	Little Elm, TX 75068			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/12/2025	Khoo, Tuo Sheng Joel (Dr.)		\$	510.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78412			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Khoo, Tuo Sheng Joel (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Corpus Christi TX 79412			
Dringing acc	Corpus Christi, TX 78412	Employer (See Instructions		
Dentist	upation / Job title (See Instructions)	Employer (See Instructions) J	
Denust				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 75/179 Rpt: 78/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Khoo, Tuo Sheng Joel (Dr.)		\$	\$10.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78412			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Khoo, Tuo Sheng Joel (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78412			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Kiening, Jennifer (Dr.)		\$	\$16.65
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78613-7858			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	_
06/12/2025	Kiesel, Donna (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Coppell, TX 75019-9606			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Kiesel, Donna (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Connell TV 75010			
Dringingloppy	Coppell, TX 75019		\	
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
Denusi				
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The Instru	iction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 76/179 Rpt: 79/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025			\$10.0
	6 Contributor address; City; State; Zip Code		
Dringinglocci	Coppell, TX 75019 upation / Job title (See Instructions)	Employer (See Instructions	
Dentist		9 Employer (See Instructions	.)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Kiesel, Donna (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
D in single and	Coppell, TX 75019		
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions	•)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/11/2025	Kimes, Jonathon (Dr.)		\$50.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78749		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Dentist			,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Kimes, Jonathon (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78749		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025			\$20.0
	Contributor address; City; State; Zip Code		
Dringinglagg	Austin, TX 78749		<u> </u>
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions	i)
Denusi			
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			1 Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this f	orm.	Sch: 77/179 Rpt: 80/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	;)
Texas Denta	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Kimes, Jonathon (Dr.)		\$10	0.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78749	· · · · · · · · ·		
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date)	Amount of Contribution (\$)	
06/11/2025	Kimes, Patricia (Dr.)		\$50	0.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78738-5530			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/12/2025	Kirby, Jacob (Dr.))		0.00
00/12/2020	Contributor address; City; State; Zip Code		+	0.00
	CUltimbutor address, City, State, Lip Code			
	Tyler, TX 75703			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Kirby, Jacob (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
Dringing Loopu	Tyler, TX 75703		<u> </u>	
Principal occu Dentist	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions))	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	~ ^^
05/30/2025	Kirby, Jacob (Dr.)		φτυ	0.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist			'	

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 78/179 Rpt: 81/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Kirby, Jacob (Dr.)		\$10.0
	6 Contributor address; City; State; Zip Code		
	Tyler, TX 75703		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Knight, Shelby (Dr.)		\$100.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78748		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/01/2025	Knox, Jamie (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Con Antonio TV 70220		
Dringing ogg	San Antonio, TX 78230 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Dentist		Employer (See Instructions)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Knox, Jamie (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78230		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Dentist			
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Knox, Jamie (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Con Antonio TV 70220		
Driveire de serve	San Antonio, TX 78230	England (One backwatter	
Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 79/179 Rpt: 82/191
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Kooi, Devon (Dr.)		\$100.0
	6 Contributor address; City; State; Zip Code		
	Huntsville, TX 77340		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Kooker, Kirk (Dr.)		\$100.0
	Contributor address; City; State; Zip Code		
	Plano, TX 75093		-
	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
05/30/2025	Koschak, Seth (Dr.)		\$500.0
	Contributor address; City; State; Zip Code		
	San Angelo, TX 76904		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Kososki, Joseph (Dr.)		\$100.0
	Contributor address; City; State; Zip Code		
	Plano, TX 75075		-
	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Kuhl, Eric (Dr.)		\$100.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78232		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist		, . , . ,	,

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 80/179 Rpt: 83/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/30/2025	Kuna, Jennifer (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78222		
	pation / Job title (See Instructions)	9 Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	La Croix, Stanley (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	West Lake Hills, TX 78746		
	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	La Croix, Stanley (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	West Lake Hills, TX 78746		·
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Laborde, Elizabeth (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	A
Dentist			
		\	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$10.00
03/30/2023	Laborde, Elizabeth (Dr.)		Φτυ.υυ
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76109		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	1
Dentist			9
Donaot			

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The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 81/179 Rpt: 84/191	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)	
05/30/2025	Laborde, Elizabeth (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109			
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor Out-of-state PAC (II)	Amount of Contribution (\$)	
05/30/2025	Laborde, Elizabeth (Dr.)	J#:)		\$10.00
03/30/2023				Φ10.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76109			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	()	
Dentist			,	
Date	Full name of contributor Out-of-state PAC (II		Amount of Contribution (\$)	
05/30/2025	Lansden, Sheala (Dr.)	J#,		\$50.00
				YU
	McGregor, TX 76657			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
06/01/2025	Latham, Celeste (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
·	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor 🔲 out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
05/30/2025	Latham, Celeste (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 82/179 Rpt: 85/191	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	al Association Political Action Committee		00015960	1
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
05/30/2025	Latham, Celeste (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025	Latham, Celeste (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Latiolais, Trey (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Mount Pleasant, TX 75455			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist	<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025	Latta, Paul (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75701			
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Dentist			<i>i)</i>	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	#100.00
05/30/2025	Lawson, Kent (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Richmond, TX 77406			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Dentist)	
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The Instrue	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 83/179 Rpt: 86/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/24/2025	Lawson, Tara (Dr.)		\$10.00
	6 Contributor address; City; State; Zip Code		
	Lubbock, TX 79423		
8 Principal occu		9 Employer (See Instructions)	;)
Dentist			/
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Lawson, Tara (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
Di indaan	Lubbock, TX 79423		、
Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions))
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$10.00
00/00/2020	Lawson, Tara (Dr.)		φ10.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79423		
-	pation / Job title (See Instructions)	Employer (See Instructions)	()
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Lawson, Tara (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79423		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Dentist			,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Lawson, Tara (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79423		-
-	pation / Job title (See Instructions)	Employer (See Instructions))
Dentist		l	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 84/179 Rpt: 87/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Lea, James (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Orand Calina, TV 75140		
	Grand Saline, TX 75140		N
Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/11/2025	Lee, Ronald (Dr.)		\$187.10
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034-5905		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	A
Dentist			<i>)</i>
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/01/2025	Leever, Donald (Dr.)	/	\$10.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77063		
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Leever, Donald (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77063		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Leever, Donald (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77063		
-	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			

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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 85/179 Rpt: 88/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Leever, Donald (Dr.)		\$10
	6 Contributor address; City; State; Zip Code		
2 Drizzinal agai	Houston, TX 77063		
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Leisch, Jarrod (Dr.)		\$100
	Contributor address; City; State; Zip Code		
	Whitehouse, TX 75791	-	
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Lemke, Kelly (Dr.)		\$100
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78229		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Dentist			·/·
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Lewis, Jeffrey (Dr.)		\$100
	Contributor address; City; State; Zip Code		
	Houston, TX 77057		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Li, Dongfang (Dr.)		\$100
	Contributor address; City; State; Zip Code		
	Houston, TX 77036		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 86/179 Rpt: 89/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/30/2025	Liao, Henry (Dr.)		\$850.00
	6 Contributor address; City; State; Zip Code		
	Plano, TX 75074		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Lindsey, Brandi (Dr.)		\$12.50
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78212		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Lindt, Chadwick (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
	Decatur, TX 76234		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Lindt, Chadwick (Dr.)		\$8.37
	Contributor address; City; State; Zip Code		
	Decatur, TX 76234		
·	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Lindt, Chadwick (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
	Decatur, TX 76234		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
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The In:	truction Guide explains how to complete this form). 1	Total pages Schedule A1: Sch: 87/179 Rpt: 90/191
2 FILER N	AME	3	Filer ID (Ethics Commission Filers)
	ental Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7	Amount of Contribution (\$)
05/30/2	25 Lindt, Chadwick (Dr.)		\$8.3
	6 Contributor address; City; State; Zip Code		
	Decatur, TX 76234		
8 Principal	occupation / Job title (See Instructions) 9 E	Employer (See Instructions)	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2			\$10.0
	Contributor address; City; State; Zip Code		
L	Humble, TX 77346		
	occupation / Job title (See Instructions)	Employer (See Instructions)	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2			\$10.0
	Contributor address; City; State; Zip Code		
	Humble, TX 77346		
Dringing			
Dentist	occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2	25 Linger, Patricia (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Humble, TX 77346		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2	25 Linger, Patricia (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Humble, TX 77346		
	occupation / Job title (See Instructions)	Employer (See Instructions)	
Dentist			

The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 88/179 Rpt: 91/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor Out-of-state PAC (I	ID#:)	7 Amount of Contribution (\$)
05/30/2025	Little, David (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	San Antonio, TX 78263		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	2)
Dentist)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of Contribution (\$)
05/30/2025	Loar, Roberto (Dr.)		\$100.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78741		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			
Date	Full name of contributor 🔲 out-of-state PAC (I	ID#:)	Amount of Contribution (\$)
06/12/2025	Loftin, Jennifer (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Alice, TX 78332		
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of Contribution (\$)
05/30/2025	Loftin, Jennifer (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Alico TX 79222		
Dringingloggy	Alice, TX 78332	Employer (Coo Instructions	
Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (I)	Amount of Contribution (\$)
05/30/2025	Loftin, Jennifer (Dr.)	D#)	\$10.00
03/30/2023	Contributor address; City; State; Zip Code		φ10.00
	Contributor address, City, State, Zip Code		
	Alice, TX 78332		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	I S)
Dentist			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 89/179 Rpt: 92/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)	
05/30/2025	Loftin, Jennifer (Dr.)		\$10).00
	6 Contributor address; City; State; Zip Code			
	Alice, TX 78332			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	ŧ:)	Amount of Contribution (\$)	
06/16/2025	Loiselle, John (Dr.)		\$100).00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79912-5115			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
05/30/2025	Lopez-alvarez, Walter (Dr.)		\$100).00
	Contributor address; City; State; Zip Code			
	Harlingen, TX 78552			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
05/30/2025	Loth, Deborah (Dr.)		\$100).00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76103			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
06/12/2025	Lovering, James (Dr.)		\$10).00
	Contributor address; City; State; Zip Code			
	Hurst, TX 76054			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 90/179 Rpt: 93/191
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
[I Association Political Action Committee		00015960
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	05/30/2025	Lovering, James (Dr.)		\$10.00
		6 Contributor address; City; State; Zip Code		
		Hurst, TX 76054		
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/30/2025	Lovering, James (Dr.))	\$10.00
	00/00/2020			
		Contributor address; City; State; Zip Code		
		Hurst, TX 76054		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Dentist	· · · · · · · · · · · · · · · · · · ·		, ,
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/30/2025	Lovering, James (Dr.)		\$10.00
	00/00/2020	Contributor address; City; State; Zip Code		
		Hurst, TX 76054		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Dentist			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/30/2025	Lovoi, John (Dr.)		\$100.00
		Contributor address; City; State; Zip Code		
		League City, TX 77573		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Dentist			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/30/2025	Luquis-Aponte, Wilma (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		El Paso, TX 79905		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	6)
	Dentist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 91/179 Rpt: 94/191	
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers))
Texas Denta	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Luquis-Aponte, Wilma (Dr.)		\$10	00.
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79905			
8 Principal occl		9 Employer (See Instructions)	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Luquis-Aponte, Wilma (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79905			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
05/30/2025	Lutke, Gregory (Dr.)		\$100	.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75093			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist	······································		,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Lynn, David (Dr.)		\$100	0.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
-	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Lyon, Anne (Dr.)		\$120	.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78745			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
Dentist			,	

The Instruc	ction Guide explains how to complete this f	orm	1 Total pages Schedule A1:	
		01111.	Sch: 92/179 Rpt: 95/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
,	I Association Political Action Committee		00015960	
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Machado, Irelia (Dr.)		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Mack, James (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Longview, TX 75605			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Madison, Nichole (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78750			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)		
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
06/14/2025	Markle, Travis (Dr.)	/		L0.00
00/	Contributor address; City; State; Zip Code			
	Tyler, TX 75701			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Markle, Travis (Dr.)		\$1	L0.00
1	Contributor address; City; State; Zip Code			
	Tyler, TX 75701		、	
Principal occup Dentist	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
4				

The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 93/179 Rpt: 96/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Markle, Travis (Dr.)		9	\$10.00
	6 Contributor address; City; State; Zip Code			
	Tyler, TX 75701			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
05/30/2025	Markle, Travis (Dr.)		9	\$10.00
	Tyler, TX 75701			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor Out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
06/12/2025	Marr, Karina (Dr.)			\$10.00
00, ,				P=0.02
	Contributor address, City, State, Zip Code			
	Dallas, TX 75218			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist	•		, ,	
Date	Full name of contributor Out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
05/30/2025	Marr, Karina (Dr.)			\$10.00
	Dallas, TX 75218			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist			,	
Date	Full name of contributor out-of-state PAC ()	Amount of Contribution (\$)	
05/30/2025	Marr, Karina (Dr.)	,ID#/		\$10.00
00/00/2020	Contributor address; City; State; Zip Code		-	P10.00
	Contributor address, City, State, Zip Code			
	Dallas, TX 75218			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist)	
Dentiot				

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 94/179 Rpt: 97/191	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		al Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Marr, Karina (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75218				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dentist					
F	Date	Full name of contributor out-of-state PAC (ID#:	:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Marsh, Herbert (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Desoto, TX 75115				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> ;)		
	Dentist					
F	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	06/12/2025	Marshall, Gregory (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75206-6827				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Γ	Amount of Contribution (\$)	
	05/30/2025	Marshall, Gregory (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75206-6827				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Marshall, Gregory (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75206-6827				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> 3)		
	Dentist					

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 95/179 Rpt: 98/191	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Marshall, Gregory (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75206-6827		\ \	
Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Marteeny, Angela (Dr.)			\$33.33
	Contributor address; City; State; Zip Code			
	Alvin, TX 77511			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Marteeny, Angela (Dr.)			\$33.33
	Contributor address; City; State; Zip Code			
	Alvin, TX 77511			
Dentist	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Martin, Ralph (Dr.)			\$250.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411	i		
·	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Martinez, Brian (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
Deinstracka	Houston, TX 77004		\	
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 96/179 Rpt: 99/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Texas Denta	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Mason, John (Dr.)		\$1,2	200.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Massey, Aimee (Dr.)		\$3	100.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703-0958			
-	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/11/2025	Masters, Lisa B. (Dr.)		\$3	120.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78216-4361			
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Mayfield, Will (Dr.)		\$3	100.00
	Contributor address; City; State; Zip Code			
	Chandler, TX 75758			
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/04/2025	McBride, Alexandra (Dr.)		\$3	100.00
	Contributor address; City; State; Zip Code			
	Northlake, TX 76226			
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions)	
Dentist				

The Instruct	tion Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 97/179 Rpt: 100/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Association Political Action Committee		00015960
4 Date 5	Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	McCandless, Georganne (Dr.)		\$1,000.0
6	Contributor address; City; State; Zip Code		
	Tomball, TX 77375		
8 Principal occupa Dentist	ation / Job title (See Instructions)	9 Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	McDonald, Edwin (Dr.))	\$250.0
	Plano, TX 75023		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/12/2025	McFarlane, John (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
	ation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	McFarlane, John (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
	ation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	McFarlane, John (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78731		
Princinal occupa	ation / Job title (See Instructions)	Employer (See Instructions	() ()
Dentist			7

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 98/179 Rpt: 101/191	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
		I Association Political Action Committee			00015960	,
4	Date	5 Full name of contributor Out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	05/30/2025	McFarlane, John (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78731				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	1 5)		
	Dentist	· · · · · · · · · · · · · · · · · · ·		,		
	Date	Full name of contributor 🔲 out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/30/2025	McKewen, Taylor (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Lufkin, TX 75904	-			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/30/2025	McKnight, Mitchell (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75231				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Dentist			,		
	Date	Full name of contributor out-of-state PAC (ID#	· :)	Γ	Amount of Contribution (\$)	
	05/30/2025	McLane, James (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78739	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/30/2025	McLemore, F (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
	<u> </u>	Weatherford, TX 76086		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
∟	Dentist					

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 99/179 Rpt: 102/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/30/2025			\$1,200.00
	6 Contributor address; City; State; Zip Code		1
	Rockwall, TX 75032		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	McQuade, LeeAnn (Dr.)		\$100.00
	Contributor address; City; State; Zip Code		1
	Beaumont, TX 77706-6079		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/11/2025	Meiners, Christina Marie (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78252		
•	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/12/2025	Mendoza, Johnathon (Dr.)		\$12.50
	Contributor address; City; State; Zip Code		
	El Paso, TX 79932-2247		-
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Mendoza, Johnathon (Dr.)		\$12.50
	Contributor address; City; State; Zip Code		
	El Paso, TX 79932-2247	1	<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
1			

The	e Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 100/179 Rpt: 103/191
2 FILE	RNAME			3 Filer ID (Ethics Commission Filers)
		l Association Political Action Committee		00015960
4 Date	9	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/3	80/2025	Mercado, Rafael (Dr.)		\$100.00
		6 Contributor address; City; State; Zip Code		
		San Antonio, TX 78213		
8 Princ	cipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Den	tist			
Date	;	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/1	2/2025	Meyers, Jessica (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Bellaire, TX 77401		
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Den	tist			
Date	;	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/3	80/2025	Meyers, Jessica (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Bellaire, TX 77401		
		pation / Job title (See Instructions)	Employer (See Instructions	;)
Den	tist			
Date	;	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/3	80/2025	Meyers, Jessica (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
Duine		Bellaire, TX 77401		<u> </u>
		pation / Job title (See Instructions)	Employer (See Instructions	i)
Den	tist			
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/3	80/2025	Meyers, Jessica (Dr.)		\$10.00
		Contributor address; City; State; Zip Code		
		Polloiro TV 77401		
Dring		Bellaire, TX 77401	Employer (Cool Instructions	
Princ Den		pation / Job title (See Instructions)	Employer (See Instructions	i)
Den	แรเ			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 101/179 Rpt: 104/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/12/2025	Meza, Jose (Dr.)		9	\$10.00
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
8 Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Meza, Jose (Dr.)		9	\$10.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Meza, Jose (Dr.)		9	\$10.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist	,		,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Midkiff, David (Dr.)		\$1	100.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79413			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Mihalik, Colin (Dr.)		9	\$50.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78418			
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Dentist)	
Dentist				

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	The Instruc	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 102/179 Rpt: 105/19	91
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		al Association Political Action Comm	mittee			00015960	,
4	Date	5 Full name of contributor 🗌 o	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Mikulencak, David (Dr.)					\$100.00
		6 Contributor address; City; State; Z	Zip Code				
		Fort Worth, TX 76109					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Dentist						
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Miller, Donna (Dr.)					\$1,200.00
		Contributor address; City; State; Z					
		-					
		Waco, TX 76710					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist						
⊨	Date	Full name of contributor o	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Miller, J (Dr.)					\$250.00
			-p				
		Plano, TX 75093					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist						
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Miller, James (Dr.)					\$10.00
		Contributor address; City; State; Z					
			r				
		Irving, TX 75038					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist						
F	Date	Full name of contributor o	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Miller, L (Dr.)					\$25.00
		Contributor address; City; State; Z	Zip Code				
			- P				
		1					
		Plano, TX 75093					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	. ;)		
	Dentist						
\vdash							

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 103/179 Rpt: 106/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/03/2025	Minott-Warren, Sharon (Dr.)		\$:	10.00
	6 Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Minott-Warren, Sharon (Dr.)		\$2	10.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Minott-Warren, Sharon (Dr.)		\$2	10.00
	Contributor address; City; State; Zip Code			
Dringing Loop	Bellaire, TX 77401	Encloser (Cas Instructions	、 、	
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/12/2025	Moers-Walding, Emily (Dr.)	/		10.00
00/12/2020			+-	10.00
	Culturbulor dudress, City, State, Lip Code			
	Houston, TX 77098			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Moers-Walding, Emily (Dr.)		\$2	10.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77098			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 104/179 Rpt: 107/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Moers-Walding, Emily (Dr.)		\$1	10.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77098			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Moers-Walding, Emily (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77098			
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	-)	Amount of Contribution (\$)	= 20
05/30/2025	Mohd Najib, Sonia (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79922			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Mohd Najib, Sonia (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79922			
Principal occu		Employer (See Instructions	•)	
Dentist	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>)	Amount of Contribution (\$)	
06/07/2025	Molina, Juan (Dr.)	/		10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78222			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 105/179 Rpt: 108/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	s)
	al Association Political Action Committee		00015960	"
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Molina, Juan (Dr.)		\$10	.0.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78222			
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist	· · · ·		, 	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
05/30/2025	Molina, Juan (Dr.)		\$10	.0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78222			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Molina, Juan (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78222			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
06/12/2025	Montoya, Jose (Dr.)		\$12	2.50
	Contributor address; City; State; Zip Code			
	Rowlett, TX 75088-4571			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025	Montoya, Jose (Dr.)		\$12	2.50
	Contributor address; City; State; Zip Code			
	Rowlett, TX 75088-4571			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
		•		
The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 106/179 Rpt: 109/191	
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2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/30/2025	Morgan, Davis (Dr.)		\$100.00	
	6 Contributor address; City; State; Zip Code			
	Lubbock, TX 79424			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Morris, Michael (Dr.)		\$5.00	
	Contributor address; City; State; Zip Code			
	Spring, TX 77379			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Morris, Michael (Dr.)		\$5.00	
	Contributor address; City; State; Zip Code			
	Spring, TX 77379			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Morris, Michael (Dr.)		\$5.00	
	Contributor address; City; State; Zip Code			
	Spring, TX 77379			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Morris, Michael (Dr.)		\$5.00	
	Contributor address; City; State; Zip Code			
	Spring, TX 77379			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 107/179 Rpt: 110/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	ers)
	al Association Political Action Committee		00015960	13)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/12/2025	Morton, Kayla (Dr.)		\$1	10.00
	6 Contributor address; City; State; Zip Code			
				ſ
	Tyler, TX 75703			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Morton, Kayla (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Morton, Kayla (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Morton, Kayla (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Tyler, TX 75703			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Moss, Ariane (Dr.)		\$2	25.00
	Contributor address; City; State; Zip Code			
	The Woodlands, TX 77384		1	
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				

The line days			1 Total pages Schedule A1:
i ne instru	ction Guide explains how to complete this fo	orm.	Sch: 108/179 Rpt: 111/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/12/2025	Moye, Brian (Dr.)		\$10.0
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77070		
8 Principal occu		9 Employer (See Instructions	j)
Dentist			, ,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Moye, Brian (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
Duits singly again	Houston, TX 77070		<u></u>
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	.)
		<u> </u>	Amount of Contribution (¢)
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Moye, Brian (Dr.))	Amount of Contribution (\$) \$10.0
03/30/2023	Contributor address; City; State; Zip Code		φ10.0
	CUITING and the solution of the second secon		
	Houston, TX 77070		
-	ipation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Moye, Brian (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77070		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/15/2025	Munne, Anna (Dr.)		\$5.0
	Contributor address; City; State; Zip Code		
	Haustan TV 77002 0700		
Dringinal occu	Houston, TX 77002-9700	Employer (Soo Instructions	
Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	·)
Denuse			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 109/179 Rpt: 112/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	rs)
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/30/2025	Munne, Anna (Dr.)		:	\$5.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77002-9700			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Munne, Anna (Dr.)			\$5.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77002-9700			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Munne, Anna (Dr.)	······································		\$5.00
	Houston, TX 77002-9700			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Myers, Kurt (Dr.)		\$1	00.00
	Contributor address; City; State; Zip Code			
	Boerne, TX 78006			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Najera, Michael (Dr.)		\$2	50.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79912			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 110/179 Rpt: 113/191	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)	
06/12/2025	Ne, Rita (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75244			
Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
05/30/2025	Ne, Rita (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75244			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
05/30/2025	Ne, Rita (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75244		\	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Date	Full name of contributor Out-of-state PAC (II		Amount of Contribution (\$)	
05/30/2025	Ne, Rita (Dr.)	D#:)	Amount of Contribution (\$)	\$10.00
03/30/2023	Contributor address; City; State; Zip Code			φ10.00
	Contributor address, City, State, Zip Code			
	Dallas, TX 75244			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
05/30/2025	Neal, Robert (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75034			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Dentist				

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 111/179 Rpt: 114/191	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	Association Political Action Committee		00015960	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/05/2025	Neale, William (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76308			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Neale, William (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76308			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Neale, William (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76308			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Neale, William (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Wichita Falls, TX 76308			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Nelson, Shelby (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76107-3355			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 112/179 Rpt: 115/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025			\$25.00
	6 Contributor address; City; State; Zip Code		1
	San Antonio, TX 78228		
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Dentist	,,	, , , , , , , , , , , , , , , , , , ,	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/10/2025			\$10.00
	Contributor address; City; State; Zip Code		1
	San Antonio, TX 78228-5500		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/12/2025			\$5.00
	Contributor address; City; State; Zip Code		1
	Di-based TV 77400		
Dringipal agai	Richmond, TX 77469		<u> </u>
Dentist	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Nisnisan, Mary Jocelyn Elyse (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
	Richmond, TX 77469		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Nisnisan, Mary Jocelyn Elyse (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		1
	Richmond, TX 77469	1	<u> </u>
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 113/179 Rpt: 116/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
05/30/2025	Nisnisan, Mary Jocelyn Elyse (Dr.)		4	\$5.00
	6 Contributor address; City; State; Zip Code			
	Richmond, TX 77469			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;) ;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
06/12/2025	O'Keefe, Kathy (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
05/30/2025	O'Keefe, Kathy (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
05/30/2025	O'Keefe, Kathy (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Polloiro TV 77401			
Dringinglogg	Bellaire, TX 77401	Employer (Cool Instructions		
Dentist	upation / Job title (See Instructions)	Employer (See Instructions	·)	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	10.00
05/30/2025	O'Keefe, Kathy (Dr.)		, ↓	10.00
	Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
Dringing ogg	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist			<i>'</i>	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 114/179 Rpt: 117/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/30/2025	Offutt, Robert (Dr.)		\$33.3
	6 Contributor address; City; State; Zip Code		
	New Braunfels, TX 78130		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Okugbaye, Rita (Dr.)		\$12.5
	Contributor address; City; State; Zip Code		
	Willow Park, TX 76087-3204		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
Date)	Amount of Contribution (\$)
06/24/2025	Ombrello, Jill (Dr.)		\$100.0
	Contributor address; City; State; Zip Code		
	Dallas, TX 75231-3430		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Onime, Olakunbi (Dr.)		\$100.0
	Contributor address; City; State; Zip Code		
	Tyler, TX 75703		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			<i>'</i>
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/11/2025	Orlandi, Gino (Dr.)		\$96.1
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78247		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			

The In	struction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 115/179 Rpt: 118/191	
2 FILER N	ΙΔΜΕ	3	Filer ID (Ethics Commission F	ilers)
	Dental Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7	Amount of Contribution (\$)	
05/30/2			9	\$100.00
	6 Contributor address; City; State; Zip Code			
	Bellaire, TX 77401			
8 Principa Dentist	I occupation / Job title (See Instructions) 9 Employer (See Inst	ructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/19/2				\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78229			
	I occupation / Job title (See Instructions) Employer (See Inst	ructions)		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/30/2				\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78229			
Principa	I occupation / Job title (See Instructions) Employer (See Inst	ructions)		
Dentist		100101.0,		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2				\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78229			
	l occupation / Job title (See Instructions) Employer (See Inst	ructions)		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/30/2	025 Ortiz Quiles, Luis (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78229			
	I occupation / Job title (See Instructions) Employer (See Inst	ructions)		
Dentist				

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 116/179 Rpt: 119/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	·s)
	- al Association Political Action Committee		00015960	0)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
05/30/2025			\$10	00.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78218			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/11/2025			\$8	35.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77007			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025				00.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78752			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) ;)	
Dentist				
Date	Full name of contributor Out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/12/2025	Parker, Melinda (Dr.)	·	.,	10.00
	Contributor address; City; State; Zip Code			
	Denison, TX 75020			
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
Dentist	•		,	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/30/2025		·		10.00
	Contributor address; City; State; Zip Code		•	
	Contributor address, City, State, Zip Code			
	Denison, TX 75020			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist			<i>,</i>	

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 117/179 Rpt: 120/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Parker, Melinda (Dr.)		\$	\$10.00
	6 Contributor address; City; State; Zip Code			
	Denison, TX 75020			
Drincipal occu	1	Employer (See Instructions		
Dentist		9 Employer (See Instructions) 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Parker, Melinda (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Denison, TX 75020			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/27/2025	Parker, Stephen (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
- · · ·	Austin, TX 78734-2020		- -	
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Parker, Stephen (Dr.)		7	\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78734-2020			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist		——————————————————————————————————————	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/24/2025	Parker, Stephen (Dr.)	/		\$10.00
•••	Contributor address; City; State; Zip Code			
	Austin, TX 78734-2020			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L 3)	
Dentist				

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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 118/179 Rpt: 121/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Parker, Stephen (Dr.)		\$	\$10.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78734			
Principal occu		9 Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Parks, Jane (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Parks, Jane (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Parks, Jane (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712	· · · · · · · · ·		
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Parks, Jane (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712		-	
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 119/179 Rpt: 122/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/30/2025	Parmer, David (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76244		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Patel, Neela (Dr.)		\$100.00
	Houston, TX 77055		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	E 3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/12/2025	Patterson, Brendon (Dr.)		\$10.00
	League City, TX 77573		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Patterson, Brendon (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	League City, TX 77573		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Patterson, Brendon (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	League City, TX 77573		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
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The Ir	struction Guide explains how to complete this form.	1	. Total pages Schedule A1: Sch: 120/179 Rpt: 123/191	
2 FILER I	AME	3	Filer ID (Ethics Commission F	-ilers)
	Dental Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 7	Amount of Contribution (\$)	
05/30/2	025 Patterson, Brendon (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	League City, TX 77573			
8 Principa	occupation / Job title (See Instructions) 9 Employer (See Inst	structions)		
Dentis				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/30/2	025 Pavelka, Robert (Dr.)		:	\$100.00
	Contributor address; City; State; Zip Code			
Daimaina	Carrollton, TX 75010			
Principa Dentisi	occupation / Job title (See Instructions) Employer (See Inst	structions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	÷=
05/30/2				\$500.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
Principa	occupation / Job title (See Instructions) Employer (See Inst	structions)		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/12/2				\$10.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79925			
Principa	occupation / Job title (See Instructions) Employer (See Inst	structions)		
Dentist		,		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2	025 Perales, Edgar (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79925			
	occupation / Job title (See Instructions) Employer (See Inst	structions)		
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 121/179 Rpt: 124/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Perales, Edgar (Dr.)		\$10.
	6 Contributor address; City; State; Zip Code		
	El Paso, TX 79925		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	.)
Dentist	· · · ·		,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Perales, Edgar (Dr.)		\$10.
	Contributor address; City; State; Zip Code		
	El Paso, TX 79925		
	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Perez, Daniel (Dr.)		\$100.
	Contributor address; City; State; Zip Code		
D in single and	San Antonio, TX 78231		、 、
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Perkins, Eric (Dr.)		\$10.
	Contributor address; City; State; Zip Code		
	Houston, TX 77040		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			, ,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Perkins, Eric (Dr.)		\$10.
	Contributor address; City; State; Zip Code		
	Houston, TX 77040		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			

Texas Dental Association Political Action Committee 00015960					
2 FLER NAME 3 Fler ID (Ethics Commission Filers) Texas Dential Association Political Action Committee 3 Fler ID (Ethics Commission Filers) 00015960 Perkins, Eric (Dr.) aut-state PAC (ID#	The Instruc	ction Guide explains how to complete this fo	orm.		
Texas Dental Association Political Action Committee 00015960 4 Date 05/30/2025 5 Full name of contributor	2 FILER NAME				rs)
05/30/2025 Perkins, Eric (Dr.) \$10.00 6 Contributor address; City; State; Zip Code		l Association Political Action Committee			10,
6 Contributor address; City, State; Zip Code Houston, TX 77040 Perployer (See Instructions) Dentist 9 Date OS/30/2025 Perkins, Eric (Dr.) Contributor address; City, State; Zip Code Houston, TX 77040 Amount of Contribution (\$) \$10.00 Contributor address; City, State; Zip Code Houston, TX 77040 Employer (See Instructions) Perkins, Eric (Dr.) Contributor address; City, State; Zip Code Houston, TX 77040 Employer (See Instructions) Dentist Full name of contributor Date Os/30/2025 Potin, Nathan (Dr.) courd-state PAC (DP	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code Houston, TX 77040 9 B Principal occupation / Job title (See Instructions) Date Os/30/2025 Perkins, Enc (Dr.) amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor address; City; State; Zip Code Houston, TX 77040 Amount of Contribution (\$) S100.00 Contributor address; City; State; Zip Code Houston, TX 77054 Employer (See Instructions) Dentist Employer (See Instructions) Dentist Full name of contributor O6/01/2025 Pulm and contributor Phincipal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor out-of-state PAC (D#	05/30/2025			\$3	10.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 05/30/2025 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) 9 Employer (See Instructions) Employer (See Instructions) S10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$100.00 05/30/2025 Fuelt name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$100.00 06/01/2025 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$10.00 06/01/2025 Full name of contributor out-of-state PAC (Der Amount of Contribution (\$) \$10.00 06/01/2025 Phan, Aidan (Dr.) Contributor address; City, State; Zip Code Amount of Contribution (\$) \$10.00 05/30/2025 Full name of contributor out-of-state PAC (DPr Amount					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S10.00 Contributor address; City; State: Zip Code Amount of Contribution (\$) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 06/01/2025 Phan, Aidan (Dr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Dentist Amount of Contributor out-of-state PAC (DPF Amount of Contribution (\$) 05/30/2025 Perkins, Eric (0r.) S10.00 Contributor address; City, State, Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (DPF 05/30/2025 Pertit, Nathan (Dr.) Amount of Contribution (\$) Contributor address; City, State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor out-of-state PAC (DPF Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Dentist Full name of contributor out-of-state PAC (DPF Amount of Contribution (\$) O6/01/2025 Phan, Aidan (Dr.) Contributor address; City, State; Zip Code Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (DPF Amount of Contribution (\$) O6/01/2025 Phan, Aidan (Dr.) Employer (See Instructions) \$10.00 Date Full name of contributor out-of-state PAC (DPF Amount of Con		Houston, TX 77040			
Date Full name of contributor out-of-state PAC (IDF) Amount of Contribution (\$) 05/30/2025 Perkins, Eric (Dr.) S10.00 Contributor address; City; State; Zip Code Houston, TX 77040 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDF) Amount of Contribution (\$) 05/30/2025 Petiti, Nathan (Dr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) 05/30/2025 Petiti, Nathan (Dr.) Employer (See Instructions) S100.00 Date Full name of contributor out-of-state PAC (IDF) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDF) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (IDF) Amount of Contribution (\$) 06/01/2025 Phan, Aidan (Dr.) Employer (See Instructions) S10.00 Date Plano, TX 75074 Employer (See Instructions) S10.00 Date Full name of contributor out-of-state PAC (IDF	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
05/30/2025 Perkins, Eric (Dr.) \$10.00 Contributor address; City; State; Zip Code Houston, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor out-of-state PAC (IDE:) Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (S) S10.00 Contributor address; City; State; Zip Code Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Dentist Full name of contributor out-of-state PAC (IDE:	Dentist				
Contributor address; City; State; Zip Code Houston, TX 77040 Principal occupation / Job title (See Instructions) Date 05/30/2025 Pettit, Nathan (Dr.) Contributor address; City; State; Zip Code Houston, TX 77054 Principal occupation / Job title (See Instructions) Dentist Date 05/30/2025 Pettit, Nathan (Dr.) Contributor address; City; State; Zip Code Houston, TX 77054 Principal occupation / Job title (See Instructions) Dentist Date 06/01/2025 Phan, Aidan (Dr.) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Dentist Date 06/01/2025 Phan, Aidan (Dr.) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Dentist Date 05/30/2025 Phan, Aidan (Dr.) Contributor address; City; State; Zip Code Date 05/30/2025 Phan, Aidan (Dr.) </td <td>Date</td> <td>Full name of contributor out-of-state PAC (ID#:</td> <td>)</td> <td>Amount of Contribution (\$)</td> <td></td>	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Houston, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (DF:	05/30/2025			\$3	10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: 05/30/2025 Pettit. Nathan (Dr.) Amount of Contribution (\$) Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77054 Employer (See Instructions) Dentist Full name of contributor out-of-state PAC (ID#: Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/01/2025 Phan, Aidan (Dr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Contributor address; City; State; Zip Code Plano, TX 75074 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$10.00 O5/30/2025 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$10.00 Contributor address; City; State; Zi					
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Plano, TX 75074 Principal occupation / Job title (See Instructions) Employer (See Instructions)	05/30/2025	Phan, Aidan (Dr.)		\$3	10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 123/179 Rpt: 126/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Phan, Aidan (Dr.)		Ś	\$10.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75074			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Phan, Aidan (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/10/2025	Philip, George (Dr.)		Ş	\$10.00
	Contributor address; City; State; Zip Code			
- • • •	Sunnyvale, TX 75182		-	
Principal occi Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Philip, George (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Supply old TV 75102			
Dringing occ	Sunnyvale, TX 75182 upation / Job title (See Instructions)	Employer (See Instructions)	N	
Dentist	Jpation / Job lille (See instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*10.00
05/30/2025	Philip, George (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Sunnyvale, TX 75182			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	N	
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The Instruction Guide explains how to complete this form.		al pages Schedule A1: h: 124/179 Rpt: 127/19:	1
2 FILER NAME		er ID (Ethics Commission	
Texas Dental Association Political Action Committee		015960	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Am	nount of Contribution (\$)	
05/30/2025 Philip, George (Dr.)			\$10.00
6 Contributor address; City; State; Zip Code			
Sunnyvale, TX 75182			
8 Principal occupation / Job title (See Instructions)9 Employer (See Instructions)Dentist	uctions)		
Date Full name of contributor out-of-state PAC (ID#:) Am	nount of Contribution (\$)	
05/30/2025 Phillips, Thomas (Dr.)			\$100.00
Contributor address; City; State; Zip Code			
Fort Worth, TX 76104			
Principal occupation / Job title (See Instructions) Employer (See Instr	uctions)		
Dentist			
Date Full name of contributor out-of-state PAC (ID#:) Am	ount of Contribution (\$)	
06/12/2025 Phillips, William (Dr.)			\$10.00
Contributor address; City; State; Zip Code			
Dallas, TX 75225			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)		
Dentist			
Date Full name of contributor out-of-state PAC (ID#:) Am	nount of Contribution (\$)	
05/30/2025 Phillips, William (Dr.)			\$10.00
Contributor address; City; State; Zip Code			
Dallas, TX 75225			
Principal occupation / Job title (See Instructions) Employer (See Instru			
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Date Full name of contributor out-of-state PAC (ID#: 05/30/2025 Phillips, William (Dr.)) Am	ount of Contribution (\$)	\$10.00
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Contributor address; City; State; Zip Code			
Dallas, TX 75225			
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)		
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2 FILER NAME			3 Filer ID (Ethics Commission File	lers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Phillips, William (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75225			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Philp, Dianne (Dr.)		\$3	100.00
	Contributor address; City; State; Zip Code			
	Marble Falls, TX 78654			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Pillers, Gary (Dr.)		\$2	100.00
	Contributor address; City; State; Zip Code			
	Cypress, TX 77433		<u>.</u>	
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/09/2025	Pitarra, Sarah (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Corpus Christi TX 79411			
Dringing oog	Corpus Christi, TX 78411	Employer (See Instructions)	N	
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Pitarra, Sarah (Dr.)		2	\$10.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411			
Dringing ogg	upation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u>	
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		al Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Pitarra, Sarah (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78411				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Pitarra, Sarah (Dr.)				\$10.00
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		Corpus Christi, TX 78411				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2025	Plocheck, Janell (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76132				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Plocheck, Janell (Dr.)				\$30.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76132		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Dentist			-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Poe, Keith (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Midland, TX 79707				
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2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/12/2025	Polson, James (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
C. D. Lastan	Bedford, TX 76021		、 、	
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Polson, James (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Bedford, TX 76021			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Polson, James (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Bedford, TX 76021			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>	
Dentist			·····	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Polson, James (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Bedford, TX 76021			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Porter, Jackson (Dr.)		.,	\$500.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77706			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
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2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	I Association Political Action Committee		00015960	110137
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/12/2025	Porter, Mark (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78230-4431			
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Porter, Mark (Dr.)			\$10.00
	San Antonio, TX 78230-4431			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Porter, Mark (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Porter, Mark (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Can Antonia TV 70250			
Dringingloggur	San Antonio, TX 78258	Employer (See Instructions)	<u> </u>	
Dentist	pation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	#10.00
05/30/2025	Porter, Mark (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230-4431			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 129/179 Rpt: 132/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/30/2025	Porter, Mark (Dr.)		\$	\$10.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78230-4431			
8 Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist			, 	-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Porter, Mark (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
- · · ·	San Antonio, TX 78230-4431		-	
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Porter, Mark (Dr.)		9	\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230-4431			
Dringinal occu		Employer (Soo Instructions		
Dentist	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/12/2025	Porter, Shane (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258-4152			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Porter, Shane (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78258			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 130/179 Rpt: 133/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	C13)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Poticny, Daniel (Dr.)		5	\$25.00
	6 Contributor address; City; State; Zip Code			
	Grand Drainia TV 75052			
Principal occu	Grand Prairie, TX 75052 Ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/11/2025	Potter, Richard (Dr.)		\$2	120.00
	Contributor address; City; State; Zip Code			
Dringing loogu	Helotes, TX 78023	Employer (Cap Instructions	\ \	
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	100.00
05/30/2025	Powers, Stewart (Dr.)		Φ.	100.00
	Contributor address; City; State; Zip Code			
	Waxahachie, TX 75165			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Price, Carol (Dr.)		\$1	100.00
	Contributor address; City; State; Zip Code			
Dringingloggy	Houston, TX 77008	Employer (Cae Instructions	\ \	
Dentist	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Price, Gilbert (Dr.))	Amount of Contribution (\$)	100.00
0313012023			Ψ-	100.00
	Contributor address; City; State; Zip Code			
	Porter, TX 77365			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 131/179 Rpt: 134/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/12/2025	Proctor, Christopher (Dr.)		\$10.00
	6 Contributor address; City; State; Zip Code		1
	Abilene, TX 79606		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Proctor, Christopher (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79606		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Proctor, Christopher (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		1
D. instance	Abilene, TX 79606		
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	5)
			T
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Proctor, Christopher (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Abilene, TX 79606		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Dentist		p.oj (-,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
06/11/2025	Purdy, John (Dr.)	/	\$187.10
00,11,2020	Contributor address; City; State; Zip Code		·
	Continuation address, City, State, Zip Code		
	El Paso, TX 79925-6793		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 132/179 Rpt: 135/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Putthoff, Susan (Dr.)		\$250.0
	6 Contributor address; City; State; Zip Code		
	Kerrville, TX 78028		
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Rader, Charles (Dr.)	,	\$25.0
	Victoria, TX 77901		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Rader, Charles (Dr.)		\$25.
	Contributor address; City; State; Zip Code		
	Victoria, TX 77901		
	upation / Job title (See Instructions)	Employer (See Instructions))
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Rader, Charles (Dr.)		\$25.0
	Contributor address; City; State; Zip Code		
	Victoria, TX 77901		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Dentist		Employer (eee meadeache,)
Date	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (\$)
05/30/2025	Full name of contributor out-of-state PAC (ID#: Rader, Charles (Dr.))	\$25.0 \$25.0
0010012020	Contributor address; City; State; Zip Code		ψ_Ο.
	Continuutor address, City, State, Zip Code		
	Victoria, TX 77901		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Dentist			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 133/179 Rpt: 136/191	L
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
		A Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Ragsdale, Judith (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Bullard, TX 75757				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dentist		I			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Ralstin, William (Dr.)				\$250.00
				1		
		Fort Worth, TX 76109				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Dentist		I			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Ramos, Marlene (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Pearland, TX 77584				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Randers, Thomas (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79424-7854				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/10/2025	Rashall, Gregory (Dr.)				\$120.00
		Contributor address; City; State; Zip Code]		
	· · · ·	Liberty, TX 77575				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
1						

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 134/179 Rpt: 137/191	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/12/2025	Rathke, Bryan (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Huntsville, TX 77340			
	upation / Job title (See Instructions)	9 Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025	Rathke, Bryan (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Huntsville, TX 77340			
	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	t:)	Amount of Contribution (\$)	
05/30/2025	Rathke, Bryan (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
<u> </u>	Huntsville, TX 77340			
Principal occi Dentist	upation / Job title (See Instructions)	Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/30/2025	Rathke, Bryan (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Huntsville, TX 77340			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	·)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
05/30/2025	Reece, Michael (Dr.)		Ś	\$100.00
	Contributor address; City; State; Zip Code			
	Bryan, TX 77802	-		
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
1				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 135/179 Rpt: 138/191	L
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		l Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Reel, Harold (Dr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		San Angelo, TX 76903				
8	Principal occu		9 Employer (See Instructions	<u> </u> s)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Rendon, Juan (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Frisco, TX 75033		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dentist			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025					\$100.00
		Contributor address; City; State; Zip Code				
		EL Daca TV 70012				
\vdash	Dringingl occu	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions			
	Dentist			5)		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/01/2025	Ricci, Shane (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Prosper, TX 75078				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dentist					
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Ricci, Shane (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Prosper, TX 75078				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dentist					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 136/179 Rpt: 139/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Ricci, Shane (Dr.)		\$10.00
	6 Contributor address; City; State; Zip Code		
	Prosper, TX 75078		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	
Dentist			<i>י</i>
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Ricci, Shane (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Prosper, TX 75078	1	
	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Rivera, David (Dr.)		\$100.00
	Contributor address; City; State; Zip Code		
Dringing	Victoria, TX 77904		
Dentist	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Roark, Summer (Dr.)		\$1,000.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79414	1	
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Robbins, William (Dr.)		\$100.00
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78258		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Dentist			

The	e Instruc	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 137/179 Rpt: 140/191	
2 FILE	ER NAME			3	Filer ID (Ethics Commission F	ilers)
		I Association Political Action Committee			00015960	,
4 Date	е	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
05/3	30/2025	Roberts, Mark (Dr.)				\$33.33
		6 Contributor address; City; State; Zip Code]		
		Athens, TX 75751				
8 Prin	cipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Der	ntist					
Date	e	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/3	30/2025	Roberts, Mark (Dr.)				\$33.34
		Contributor address; City; State; Zip Code				
Duin		Athens, TX 75751		Ĺ		
	icipal occuj ntist	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				1		
Date		Full name of contributor out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	*10.00
00/1	10/2025					\$10.00
		Contributor address; City; State; Zip Code				
		Victoria, TX 77904				
Prin	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	ntist		• • •			
Date	e	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/3	30/2025	Rodriguez, Tyrone (Dr.)				\$10.00
				·		
		Victoria, TX 77904				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Der	ntist					
Date		Full name of contributor out-of-state PAC (ID#:)	T ·	Amount of Contribution (\$)	
05/3	30/2025	Rodriguez, Tyrone (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Victoria, TX 77904				
Prin	cinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	ntist			3)		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 138/179 Rpt: 141/191
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Dental Association Political Action Committee	00015960
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025 Rodriguez, Victor (Dr.)	\$100.00
6 Contributor address; City; State; Zip Code	1
Houston, TX 77058	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	c)
Dentist	5)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025 Roe, Jennifer (Dr.)	\$12.50
Contributor address; City; State; Zip Code	1
Wimberloy, TV 70676	
Wimberley, TX 78676 Principal occupation / Job title (See Instructions)	~
Principal occupation / Job title (See Instructions) Employer (See Instructions Dentist	5)
	1 Amount of Constribution (ft)
Date Full name of contributor out-of-state PAC (ID#:) 05/30/2025 Roe, Jennifer (Dr.)	Amount of Contribution (\$) \$12.50
	ψτ2.50
Contributor address; City; State; Zip Code	
Wimberley, TX 78676	
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)
Dentist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025 Roh, Michelle (Dr.)	\$25.00
Contributor address; City; State; Zip Code	1
Austin, TX 78753	
Principal occupation / Job title (See Instructions) Employer (See Instructions	5)
Dentist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025 Root, Ronny (Dr.)	\$250.00
Contributor address; City; State; Zip Code	
Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
Dentist	-,

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 139/179 Rpt: 142/191	
2	FILER NAME			3	Filer ID (Ethics Commission F	ilers)
		l Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Rouse, Lisa (Dr.)				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78209				
8	Principal occu		9 Employer (See Instructions	<u>ا</u>		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Sanchez, Marie (Dr.)				\$33.33
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77087		Ĺ		
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 10.00
	06/25/2025					\$10.00
		Contributor address; City; State; Zip Code				
		Mansfield, TX 76063				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Dentist			,		
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Sanders, Alix (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Mansfield, TX 76063				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Satchell, Paul (Dr.)				\$50.00
		Contributor address; City; State; Zip Code]		
		Houston, TX 77095		Ĺ		
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
1						

	The Instru	ction Guide explains how to complete this fo	orm.		tal pages Schedule A1: h: 140/179 Rpt: 143/191	L
2	FILER NAME			3 File	er ID (Ethics Commission	ı Filers)
		A Association Political Action Committee			015960	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Am	nount of Contribution (\$)	
	05/30/2025	Sauer, Charles (Dr.)				\$100.00
	1	6 Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79124				
8	Principal occu	l	9 Employer (See Instructions	<u> </u> 5)		
	Dentist			-		
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	
	05/30/2025	Scaff, Brian (Dr.)				\$100.00
	1	Contributor address; City; State; Zip Code		1		
		Austin, TX 78750				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	
	05/30/2025	Scaggs, Melissa (Dr.)				\$100.00
	I	Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75006				
		pation / Job title (See Instructions)	Employer (See Instructions	6)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	
	05/30/2025	Schmidgall, Ryan (Dr.)				\$100.00
	I	Contributor address; City; State; Zip Code				
		Fort Worth, TX 76107				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Am	nount of Contribution (\$)	
	06/11/2025	Schott, Laura (Dr.)				\$50.00
	I	Contributor address; City; State; Zip Code		1		
		Cypress, TX 77433				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 141/179 Rpt: 144/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	:)
	al Association Political Action Committee		00015960	<i>''</i> ,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Schreiner, James (Dr.)		\$100	0.00
	6 Contributor address; City; State; Zip Code			
	Keller, TX 76248			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist	· · · · ·		, 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Schuchart, Christopher (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
05/30/2025	Schuchart, Christopher (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	San Antonia TV 70240			
Dringing occu	San Antonio, TX 78249	Employer (See Instructions)	<u> </u>	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Schuchart, Christopher (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Schuchart, Christopher (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78249			
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
The Ins	truction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 142/179 Rpt: 145/191	
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2 FILER N	ME		3 Filer ID (Ethics Commission Filers)	
	ental Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/12/20	25 Seidler, Daryl (Dr.)		\$10.0	
	6 Contributor address; City; State; Zip Code			
	Cedar Hill, TX 75104			
8 Principal Dentist	occupation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/20	25 Seidler, Daryl (Dr.)		\$10.0	
	Contributor address; City; State; Zip Code			
	Cedar Hill, TX 75104			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/20			\$10.	
	Contributor address; City; State; Zip Code			
	Cedar Hill, TX 75104		1	
-	occupation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/20	25 Seidler, Daryl (Dr.)		\$10.	
	Contributor address; City; State; Zip Code			
D in sin al	Cedar Hill, TX 75104		<u>.</u>	
	occupation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/20			\$10.0	
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
Princinal	Decupation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Dentist)	
Bontot	I			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 143/179 Rpt: 146/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	ilers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Shah, Sunil (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78759			
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Shah, Sunil (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78759			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Sharfae, Benjamin (Dr.)			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78737			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Sharfae, Magnolia (Dr.)			\$50.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78737			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Shelton, Jeffrey (Dr.)		\$	5100.00
	Contributor address; City; State; Zip Code			
	Judson, TX 75660			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 144/179 Rpt: 147/191	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/12/2025	Sheppard, Michael (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Mansfield, TX 76063			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	.)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Sheppard, Michael (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Mansfield, TX 76063			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Sheppard, Michael (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	New-Fold TV 76060			
Drizainal agai	Mansfield, TX 76063	Employer (Coo Instructions	、 、	
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*100 00
05/30/2025	Shetty, Divya (Dr.)		4	\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78723			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist	,		,	
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)	
06/12/2025	Shirley, Thalia (Dr.)	/		\$10.00
	Contributor address; City; State; Zip Code			•
	Dallas, TX 75206-0940			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	·)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 145/179 Rpt: 148/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/30/2025	Shirley, Thalia (Dr.)		S	\$10.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75206			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Shirley, Thalia (Dr.)			\$10.00
	Dallas, TX 75206			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist			, ,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/21/2025	Simmons, Thomas (Dr.))		\$10.00
00/21/2023				\$10.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist			,	
		<u> </u>	Amount of Contribution (ft)	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$10.00
05/30/2025	Simmons, Thomas (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
Dringinglagg		Employer (Cap Instructions	<u> </u>	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions)	
Denusi				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Simmons, Thomas (Dr.)		S	\$10.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

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	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 146/179 Rpt: 149/191	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
ſ		I Association Political Action Committee		I	00015960	1 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Simmons, Thomas (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Plano, TX 75024				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Simpson, Terrell (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79413				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Siripanyo, Sommay (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76111				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Smith, Benjamin (Dr.)				\$25.00
		Contributor address; City; State; Zip Code]		
		Mehatar TV 77500				
⊢	Duin aire al a sau	Webster, TX 77598	Encolaria (Occolaria			
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2025	Smith, Carmen (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
				1		
		Dallas, TX 75243-3564				
┡	Dringing accord		Employer (Soo Instructions	<u> </u>		
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊢	Dentist					
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The Instrue	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 147/179 Rpt: 150/191	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
	al Association Political Action Committee		00015960	110.07
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Smith, Carmen (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75243-3564			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Smith, Carmen (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75243-3564			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Smith, Carmen (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75243-3564			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Dentist	,		,	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Smith, Glenda (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78731-4987			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
05/30/2025	Smith, Kiley (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Temple, TX 76502			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Dentist)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 148/179 Rpt: 151/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Smith, Richard (Dr.)		\$10	0.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79119			
8 Principal occu Dentist	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Snody, LeAnn (Dr.)	/		00.00
00,00,2020			¢10	0.00
	Commoutor address, City, State, Zip Code			
	Portland, TX 78374			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Soleimanzadeh Azar, Pardis (Dr.)	/		2.50
00,, _0_0				
	Boerne, TX 78006			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Somjee, Ali (Dr.)		\$33	3.34
	Contributor address; City; State; Zip Code			
	Wylie, TX 75098			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/08/2025	Speck, Rachel (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77098-1919			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 149/179 Rpt: 152/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
05/30/2025	Speck, Rachel (Dr.)		\$	\$10.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77098			
8 Principal occ Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i>)	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025	Speck, Rachel (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77098			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025	Speck, Rachel (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
D in single and	Houston, TX 77098		<u></u>	
Principal occ Dentist	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/11/2025	Sperry, Stephen (Dr.)		\$	\$50.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79423	_		
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/12/2025	Spitzer, Elizabeth (Dr.)		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Gatesville, TX 76528			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 150/179 Rpt: 153/191	
2	FILER NAME			3	Filer ID (Ethics Commission	
_		I Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Spitzer, Elizabeth (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Gatesville, TX 76528				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/30/2025	Spitzer, Elizabeth (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Gatesville, TX 76528				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	05/30/2025	Spitzer, Elizabeth (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Gatesville, TX 76528				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist	<u>_</u>		_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Sponenberg, John (Dr.)				\$25.00
		Contributor address; City; State; Zip Code]		
		Mexia, TX 76667				
⊢	Dringinal occu	pation / Job title (See Instructions)	Employor (Soo Instructions	<u> </u>		
	Dentist	pation / Job tille (See Instructions)	Employer (See Instructions	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#100.00
	06/09/2025	Staffel, Scott (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Bedford, TX 76021				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	Dentist			5)		
⊢		I				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 151/179 Rpt: 154/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Staggs, Jane Marie (Dr.)		\$8.37
	6 Contributor address; City; State; Zip Code		
	Spring, TX 77379		
Princinal occu		9 Employer (See Instructions	
Dentist)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Stampe, Melody (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
Dringing loogu	Richardson, TX 75082	Employer (Cap Instructions	<u> </u>
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Stampe, Melody (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
	Richardson, TX 75082		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Stampe, Melody (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
- · · ·	Richardson, TX 75082		-
	ipation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Stampe, Melody (Dr.)		\$5.00
	Contributor address; City; State; Zip Code		
	Richardson, TX 75082		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ()
Dentist	· · · · · · · · · · · · · · · · · · ·		, ,

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 152/179 Rpt: 155/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/17/2025	Stanaland, Robert (Dr.)		\$10.0
	6 Contributor address; City; State; Zip Code		
	Midland, TX 79701-6172		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Stanaland, Robert (Dr.)		\$10.0
	Contributor address; City; State; Zip Code		
	Midland, TX 79701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Stanaland, Robert (Dr.)	· · · · · · · · · · · · · · · · · · ·	\$10.0
	Contributor address; City; State; Zip Code		
	Midland, TX 79701		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Stansbury, Audrey (Dr.)		\$2.5
	Contributor address; City; State; Zip Code		
	Highland Village, TX 75077		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Stansbury, Audrey (Dr.)		\$2.5
	Contributor address; City; State; Zip Code		
	Highland Village, TX 75077		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)
Dentist			

The Inst	ruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 153/179 Rpt: 156/191	
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers	s)
	ntal Association Political Action Committee		00015960	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/30/202			\$	\$2.50
	6 Contributor address; City; State; Zip Code			
	Highland Village, TX 75077			
8 Principal of	cupation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/202		/		\$2.50
	Highland Village, TX 75077			
Principal or	cupation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/202		/		00.00
	Flower Mound, TX 75028			
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/202				00.00
	Duncanville, TX 75116			
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/202				L0.00
	Contributor address; City; State; Zip Code			
	·····			
	Houston, TX 77096-6036			
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 154/179 Rpt: 157/191	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		l Association Political Action Committee			00015960	1 11010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Stewart, Debra (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77054				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Stocker, Martin (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78703				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/12/2025	Street, Colton (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79413-5143				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Street, Colton (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79413				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Street, Colton (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79413				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
1						

The	e Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 155/179 Rpt: 158/191	
2 FILE	ER NAME			3	Filer ID (Ethics Commission	Filers)
		l Association Political Action Committee			00015960	
4 Date	e	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
05/3	30/2025	Street, Colton (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Lubbock, TX 79413				
8 Prin	ncipal occu		9 Employer (See Instructions	<u> </u>		
	ntist			- /		
Date	e	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/3	30/2025	Stromberg, M (Dr.)				\$5.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75229				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Der	ntist					
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/3	11/2025	Stuchlik, Katie (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Koby TV 77404				
Drin		Katy, TX 77494	Employer (Cap Instructions			
	ntist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Date	e	Full name of contributor Out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
05/3	30/2025	Sumbera, Mark (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Victoria, TX 77901-3092				
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Der	ntist					
Date	e	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
05/3	30/2025	Swift, Mary (Dr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75231				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
Der	ntist					

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 156/179 Rpt: 159/19	91
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		A Association Political Action Committee			00015960	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Swinney, Chip (Dr.)				\$1,200.00
		6 Contributor address; City; State; Zip Code		1		
		Tyler, TX 75703				
8	Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2025	Swinney, Madelyn (Dr.)				\$12.50
		Schertz, TX 78108				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Swinney, Madelyn (Dr.)				\$12.50
		Contributor address; City; State; Zip Code				
		Schertz, TX 78108				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	05/30/2025	Szczerba, Mark (Dr.)				\$10.00
		Contributor address; City; State; Zip Code]		
┝	Dringinal agou	Wichita Falls, TX 76310	Employer (See Instructions			
	Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+
	05/30/2025	Temple, Kayleigh (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75701				
	Dringing occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Dentist)		
⊢	Dentist					

	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 157/179 Rpt: 160/19	1
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		l Association Political Action Committee				00015960	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Tevis, Sarah (Dr.)					\$100.00
		6 Contributor address; City; State; Zip Code					
		Dallas, TX 75225					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Dentist						
⊨	Date	Full name of contributor Out-of-state PA	AC (ID# [.])		Amount of Contribution (\$)	
	05/30/2025	Thiel, Gregory (Dr.)		/		(1)	\$100.00
		Contributor address, City, State, Zip Code					
		Austin, TX 78704					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Dentist				,		
					_	Amount of Contribution (ft)	
	Date		AC (ID#:)		Amount of Contribution (\$)	¢00.00
	05/30/2025						\$33.33
		Contributor address; City; State; Zip Code					
		Dallas, TX 75251					
┣─	Dringing ogg		r	Employer (See Instructions	<u> </u>		
	Dentist	pation / Job title (See Instructions))		
					_		
	Date		AC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Thompson, Cre'Andria (Dr.)					\$33.33
		Contributor address; City; State; Zip Code					
		Dallas, TX 75251					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist						
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Thompson, Lawrence (Dr.)					\$100.00
		Contributor address; City; State; Zip Code					
		Coleman, TX 76834					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist						
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 158/179 Rpt: 161/191
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas Dental Association Political Action Committee	00015960
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/12/2025 Thompson, Michelle (Dr.)	\$10.00
6 Contributor address; City; State; Zip Code	1
Houston, TX 77054-2032	
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	<u> </u>
Dentist	7
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025 Thompson, Michelle (Dr.)	\$10.00
Contributor address; City; State; Zip Code	1
Houston, TX 77054	
Principal occupation / Job title (See Instructions) Employer (See Instructions	\$)
Dentist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025 Thompson, Michelle (Dr.)	\$10.00
Contributor address; City; State; Zip Code	
Houston, TX 77054	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	<u></u>
Dentist	·)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025 Thompson, Scott (Dr.)	\$8.33
Contributor address; City; State; Zip Code	1
Plano, TX 75023-7934	
Principal occupation / Job title (See Instructions) Employer (See Instructions	<u> </u>
Dentist	7
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025 Thompson, Scott (Dr.)	\$8.37
Contributor address; City; State; Zip Code	1
Plano, TX 75023	
Principal occupation / Job title (See Instructions) Employer (See Instructions	<u> </u> ;)
) ;)

The Instr	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 159/179 Rpt: 162/191	
2 FILER NAM	F		3 Filer ID (Ethics Commission Fi	ilers)
	tal Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/12/2025	Tiner, Brandi (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	El Paso, TX 79932			
	cupation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025				\$10.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79932			
-	cupation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025				\$10.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79932			
Principal occ Dentist	cupation / Job title (See Instructions)	Employer (See Instructions	.)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025				\$10.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79932			
-	cupation / Job title (See Instructions)	Employer (See Instructions	·)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)	
05/30/2025	5 Train, Terri (Dr.)		\$	\$100.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75248			
-	cupation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
1				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 160/179 Rpt: 163/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/12/2025	Trieu, Quynh-Chi (Dr.)			\$2.50
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Trieu, Quynh-Chi (Dr.)			\$2.50
	Dallas, TX 75230			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	I 3)	
Dentist			, ,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Trieu, Quynh-Chi (Dr.))		\$2.50
00/00/2020	Contributor address; City; State; Zip Code			Ψ2.00
	Contributor address, City, State, Zip Code			
	Dallas, TX 75230			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions) ;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Trieu, Quynh-Chi (Dr.)			\$2.50
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Truong, Khanh (Dr.)		\$	33.33
	Contributor address; City; State; Zip Code			
	Spring, TX 77389			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
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The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 161/179 Rpt: 164/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Tucker, Kathryn (Dr.)		\$10	.0.00
	6 Contributor address; City; State; Zip Code			
	Malakoff TV 75140			
Dringinal occu	Malakoff, TX 75148 upation / Job title (See Instructions)	Employer (See Instructions	A	
Dentist		9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/02/2025	Tyson, Matthew (Dr.)		\$10	.0.00
	Contributor address; City; State; Zip Code			
	Benbrook, TX 76126			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Tyson, Matthew (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Benbrook, TX 76126			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist	l		· · · · · · · · · · · · · · · · · · ·	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Tyson, Matthew (Dr.)		\$1(.0.00
	Contributor address; City; State; Zip Code			
	Benbrook, TX 76126			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Tyson, Matthew (Dr.)			.0.00
	Contributor address; City; State; Zip Code			
	Benbrook, TX 76126			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 162/179 Rpt: 165/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Unterbrink, Cheyenne (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78501		<u> </u>
8 Principal occu Dentist	upation / Job title (See Instructions)	9 Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/12/2025	Ure, Derid (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79424		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Ure, Derid (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79424		
	upation / Job title (See Instructions)	Employer (See Instructions))
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Ure, Derid (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79424		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist			, ,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Ure, Derid (Dr.)	,	\$10.00
	Contributor address; City; State; Zip Code		
	Lubbock, TX 79424		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))
Dentist			

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 163/179 Rpt: 166/191	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/12/2025	Uriegas, Melissa (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Uriegas, Melissa (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Uriegas, Melissa (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504]		
	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Uriegas, Melissa (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
Dringing loog	McAllen, TX 78504	England (Cas Instructions)	、 、	
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Valadez, Roel (Dr.)		3	\$100.00
	Contributor address; City; State; Zip Code			
	Alice, TX 78332			
Dringing occu		Employer (See Instructions)	<u> </u>	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions))	
Denusi				

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 164/179 Rpt: 167/191	
2	FILER NAME			3	Filer ID (Ethics Commission I	Filers)
-		I Association Political Action Committee			00015960	i lieroj
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/11/2025	Vallone, Alessandro (Dr.)				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Laredo, TX 78041				
	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Ľ	Dentist			3)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Vallone, Alessandro (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Laredo, TX 78041				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Vallone, Alessandro (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
		Lorodo TV 70041				
⊢	Dringinglaggy	Laredo, TX 78041				
	Dentist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	05/30/2025	Van Wicklen, Steven (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78704				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/12/2025	Vanderbrook, Drew (Dr.)				\$10.00
		Contributor address; City; State; Zip Code				
L	<u> </u>	Dallas, TX 75214		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 165/179 Rpt: 168/191	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Vanderbrook, Drew (Dr.)			\$10.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75214			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Vanderbrook, Drew (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Vanderbrook, Drew (Dr.)			\$10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75214			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Vardeman, Fortuna (Dr.)			\$25.00
	Contributor address; City; State; Zip Code			
	Schertz, TX 78154			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Vaughan, James (Dr.)		\$	100.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79106			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 166/179 Rpt: 169/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	,
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/03/2025	Villarreal, Roberto (Dr.)		\$10	0.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78261			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Villarreal, Roberto (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78261			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Villarreal, Roberto (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78261			
-	pation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Vogel, Jonathan (Dr.)		\$5	5.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75205			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Dentist	· · · · · · · · · · · · · · · · · · ·			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Vogel, Jonathan (Dr.)	,		5.00
	Contributor address; City; State; Zip Code			
	· · · · · · · · · · · · · · · · · · ·			
	Dallas, TX 75205			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 167/179 Rpt: 170/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Vogel, Jonathan (Dr.)			\$5.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75205			
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Dentist			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Vogel, Jonathan (Dr.)			\$5.00
	Contributor address; City; State; Zip Code			
Di indaan	Dallas, TX 75205		、 、	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Dentist			•	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Voigtel, Richard (Dr.)		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Belton, TX 76513			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Waggener, Thomas (Dr.)		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Walker, Christa (Dr.)		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76244			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 168/179 Rpt: 171/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Ward, David (Dr.)		\$100
	6 Contributor address; City; State; Zip Code		
	Big Spring, TX 79720		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Dentist)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Ward, Guadalupe (Dr.)		\$10
	Contributor address; City; State; Zip Code		
	El Paso, TX 79902		
	pation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Ward, Guadalupe (Dr.)		\$10
	Contributor address; City; State; Zip Code		
	El Paso, TX 79902		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Ward, Guadalupe (Dr.)		\$10
	Contributor address; City; State; Zip Code		
	El Paso, TX 79902		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist		F - 7 - (,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Ward, Guadalupe (Dr.)		\$10
	Contributor address; City; State; Zip Code		
	El Paso, TX 79902		
	pation / Job title (See Instructions)	Employer (See Instructions)
Dentist			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 169/179 Rpt: 172/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	al Association Political Action Committee		00015960	5)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
06/12/2025	Wasylucha, Lorne (Dr.)		\$1	10.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75074			
Principal acc	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Dentist)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Wasylucha, Lorne (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Wasylucha, Lorne (Dr.)		\$1	10.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75074			
	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Watson, Stephen (Dr.)		\$10	00.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78738			
Dringingloog		Employer (Cas Instructions		
Dentist	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	40.00
06/12/2025	Wear, Eric (Dr.)			\$2.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76107			
Drincipal coo	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist			7	

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 170/179 Rpt: 173/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025			\$2.0
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	() ()
Dentist			<i>'</i>)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025			\$2.0
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76107		
	upation / Job title (See Instructions)	Employer (See Instructions	
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Wear, Eric (Dr.)		\$2.0
	Contributor address; City; State; Zip Code		
	Fort Month TV 70107		
Dringinglass	Fort Worth, TX 76107		
Dentist	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025)	\$500.0
00/00/2020	Contributor address; City; State; Zip Code		\$000.0
	Contributor address, City, State, Zip Code		
	Sweetwater, TX 79556		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/01/2025			\$10.0
	Contributor address; City; State; Zip Code		
	Mineola, TX 75773		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	·)
Dentist			

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 171/179 Rpt: 174/191	
2	FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
		l Association Political Action Committee		00015960	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	05/30/2025	Weedon, Kyle (Dr.)			\$10.00
		6 Contributor address; City; State; Zip Code			
		Mineola, TX 75773			
8	Principal occu	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions	s)	
Ŭ	Dentist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	05/30/2025	Weedon, Kyle (Dr.)			\$10.00
		Contributor address; City; State; Zip Code			
		Mineola, TX 75773			
		pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Dentist				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	05/30/2025	Weedon, Kyle (Dr.)			\$10.00
		Contributor address; City; State; Zip Code			
		Minoolo TX 75772			
⊢	Dringing ago	Mineola, TX 75773 pation / Job title (See Instructions)	Employer (Cap Instructions		
	Dentist		Employer (See Instructions	5)	
╞				Amount of Contribution (ft)	
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Weibel, Wesley (Dr.))	Amount of Contribution (\$)	\$100.00
	05/30/2025				5100.00
		Contributor address; City; State; Zip Code			
		Seabrook, TX 77586			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
	Dentist	, , , ,			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	06/11/2025	Wendt, Lindsey Luann (Dr.)	/		\$10.00
		Contributor address; City; State; Zip Code			
		Houston, TX 77018			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
	Dentist				
Í					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 172/179 Rpt: 175/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	(5)
	al Association Political Action Committee		00015960	3)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/10/2025	Westerberg, Matthew (Dr.)		\$5	50.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78209			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/18/2025	Whitworth, William (Dr.)		\$	\$5.70
	Contributor address; City; State; Zip Code			
	Fredericksburg, TX 78624			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Whitworth, William (Dr.)		\$	\$5.70
	Contributor address; City; State; Zip Code			
	Frederickehurg TV 70604			
Dringing occu	Fredericksburg, TX 78624	Employer (See Instructions	A	
Dentist	ipation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	*- 70
05/30/2025	Whitworth, William (Dr.)		Φ	\$5.70
	Contributor address; City; State; Zip Code			
	Fredericksburg, TX 78624			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
Dentist			, 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Wilbanks, David (Dr.)			33.33
	Contributor address; City; State; Zip Code			
	El Paso, TX 79912-3904			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
		<u> </u>		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 173/179 Rpt: 176/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Texas Denta	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
05/30/2025	Wilkerson, Damon (Dr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418-5931		
8 Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions)	۲ ۵)
Dentist			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Wilkie, Eric (Dr.)		\$50.00
	Amarillo, TX 79106		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Wilkinson, David (Dr.)		\$100.00
	Contributor address; City; State; Zip Code	,	
	Tyler, TX 75703]	
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions)	;)
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Willard, Joshua (Dr.)		\$10.00
	Contributor address; City; State; Zip Code		
1			
	Plano, TX 75024		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Dentist			, ,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Willard, Joshua (Dr.)		\$10.00
1	Contributor address; City; State; Zip Code		
1			
1			
1	Plano, TX 75024		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)
Dentist			
		<u>I</u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 174/179 Rpt: 177/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	rs)
	al Association Political Action Committee		00015960	10)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/30/2025	Willard, Joshua (Dr.)		\$3	10.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75024			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Willard, Joshua (Dr.)		\$3	10.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Williams, Claude (Dr.)		\$3	10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Williams, Claude (Dr.)		\$3	10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/30/2025	Williams, Claude (Dr.)		\$3	10.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 175/179 Rpt: 178/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	:)
	al Association Political Action Committee		00015960	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Williams, Rex (Dr.)		\$100	0.00
	6 Contributor address; City; State; Zip Code			
	North Richland Hills, TX 76180	1		
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/14/2025	Williamson, Blake (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79765			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025	Williamson, Blake (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79765			
	ipation / Job title (See Instructions)	Employer (See Instructions	<i>i</i>)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025	Williamson, Blake (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Odeene TV 70765			
Dringing oppu	Odessa, TX 79765	Employer (Cool Instructions		
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/30/2025	Williamson, Blake (Dr.)		\$10	0.00
	Contributor address; City; State; Zip Code			
	Odesse TV 70765			
	Odessa, TX 79765			
Principal occu Dentist	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Denusi				
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 176/179 Rpt: 179/191	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	al Association Political Action Committee		00015960	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Wilson, Arvel (Dr.)		Ş	\$33.33
	6 Contributor address; City; State; Zip Code			
	Midland, TX 79705			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Wilson, Arvel (Dr.)			\$33.33
	Contributor address; City; State; Zip Code			
	Midland, TX 79705			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Wilson, Jack (Dr.)		\$:	100.00
	Contributor address; City; State; Zip Code			
	Arlington, TX 76017			
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Windham, Clayton (Dr.)		5	\$50.00
	Contributor address; City; State; Zip Code			
	Center, TX 75935	 		
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Wingate, Mark (Dr.)		\$2	100.00
	Contributor address; City; State; Zip Code			
	Mass TV 76710 2020			
Drizpipal appu	Waco, TX 76710-2920		、	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions)	
Dentist				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 177/179 Rpt: 180/191	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	د)
	al Association Political Action Committee		00015960	3)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/30/2025	Woodruff, Sean (Dr.)		\$10	00.00
	6 Contributor address; City; State; Zip Code			
	Amarillo, TX 79106		-	
8 Principal occu Dentist	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/12/2025	Woods, Wayne (Dr.)		\$1	L0.00
	Contributor address; City; State; Zip Code			
D in simple and	Dallas, TX 75230		、	
Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	~ ~~
05/30/2025	Woods, Wayne (Dr.)		ΦTi	L0.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Dentist				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/30/2025	Woods, Wayne (Dr.)		\$1	L0.00
	Contributor address; City; State; Zip Code			
Duin singly again	Dallas, TX 75230		、	
Principal occu Dentist	pation / Job title (See Instructions)	Employer (See Instructions)	
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (¢)	
Date 05/30/2025	Full name of contributor out-of-state PAC (ID#: Woods, Wayne (Dr.))	Amount of Contribution (\$)	L0.00
0010012020			ψ±,	.0.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75230			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)	
Dentist				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 178/179 Rpt: 181/191
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	al Association Political Action Committee		00015960
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/30/2025	Worsham, Debrah (Dr.)		\$1,871.00
	6 Contributor address; City; State; Zip Code		
	Contor TV 75025		
8 Drincipal occu	Center, TX 75935 upation / Job title (See Instructions)	9 Employer (See Instructions)
Dentist)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2025	Wren, Kendra (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
Dringinglass	Comfort, TX 78013	Frankryer (Cas Instructions	
Dentist	upation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Wren, Kendra (Dr.)		\$8.37
	Contributor address; City; State; Zip Code		
	Comfort, TX 78013		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/30/2025	Wren, Kendra (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
	Comfort, TX 78013		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/30/2025	Wren, Kendra (Dr.)		\$8.33
	Contributor address; City; State; Zip Code		
	Comfort, TX 78013		
	upation / Job title (See Instructions)	Employer (See Instructions)
Dentist			

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: Sch: 179/179 Rpt: 182/191		
2				5	Filer ID (Ethics Commission	Filore)
	2 FILER NAME Texas Dental Association Political Action Committee				00015960	rileis)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/30/2025	Younus, Fabia (Dr.)				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77024-3012				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dentist					
⊨	Data		、 、	<u> </u>	Amount of Contribution (ft)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	****
	05/30/2025	Yu, David (Dr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		West Lake Hills, TX 78746				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	Zoumboukos, Kathryn (Dr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78749				
				Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/30/2025	de la Fuente, Rene (Dr.)				\$10.00
		Contributor address; City; State; Zip Code		•		
		Contributor address, City, State, Zip Code				
		El Paso, TX 79936				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dentist					
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NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

The Instruction Guide explains how to complete this form.			1	1 Total pages Schedule C4: Sch: 1/1 Rpt: 183/191		
2	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
Texas Dental Association Political Action Committee				00015960		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)	
	06/01/2025		Texas Dental Association			12,061.49

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/7 Rpt: 184/191	Texas Dental Association Political Action Committee00015960					
4 Date	5 Payee name					
06/25/2025	Angelia Orr Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,500.00	PO Box 113					
Expenditure from corporate funds	Itasca, TX 76055					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee Campaign contribution					
	Campaign contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/25/2025	Ann Johnson Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,500.00	PO Box 56386					
Expenditure from corporate funds	Houston, TX 77256					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held						
Date	Payee name					
06/25/2025	Brandon Creighton Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	2257 N Loop 336					
	Ste 140-366					
Expenditure from corporate funds	Conroe, TX 77304					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 2/7 Rpt: 185/191 Texas Dental Association Political Action Committee 00015960 4 Date 5 Payee name 06/25/2025 Bryan Hughes for Texas Senate Amount (\$) Payee address; City; State; Zip Code \$1,500.00 PO Box 450 Expenditure from Mineola, TX 75773 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/25/2025 Charles Schwertner Campaign Amount (\$) Payee address; City; State; Zip Code \$5,000.00 PO Box 2448 Expenditure from Georgetown, TX 78627 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/25/2025 **Dennis Paul Campaign** Amount (\$) Payee address; City: State; Zip Code \$2,500.00 626 1/2 Barringer Ln Ste A Expenditure from Webster, TX 77598 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 3/7 Rpt: 186/191 Texas Dental Association Political Action Committee 00015960 4 Date 5 Payee name 06/25/2025 Donna Campbell Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$2,500.00 PO Box 171002 Expenditure from San Antonio, TX 78217 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/25/2025 **Dustin Burrows Campaign** Amount (\$) Payee address; City; State; Zip Code \$5,000.00 5010 University Ave 5th Floor Expenditure from Lubbock, TX 79493 corporate funds PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/25/2025 Greg Bonnen Campaign Amount (\$) Payee address; City: State; Zip Code \$5,000.00 PO Box 1183 Expenditure from corporate funds Friendswood, TX 77546 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 4/7 Rpt: 187/191	Texas Dental Association Political Action Committee00015960					
4 Date	5 Payee name					
06/25/2025	Jay Dean Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	3822 Holly Ridge					
Expenditure from corporate funds	Longview, TX 75605					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/25/2025	Judith Zaffirini Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$5,000.00	PO Box 627					
Expenditure from corporate funds	Laredo, TX 78042					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/25/2025	Kelly Hancock Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	PO Box 821349					
Expenditure from corporate funds	North Richland Hills, TX 76182					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign contribution					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 5/7 Rpt: 188/191	Texas Dental Association Political Action Committee 00015960					
4 Date 06/25/2025	5 Payee name Lois Kolkhorst Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$10,000.00	PO Box 2546					
Expenditure from corporate funds	Brenham, TX 77834					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/25/2025	Molly for Texas					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,500.00	PO Box 667238					
Expenditure from corporate funds	Houston, TX 77266					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/25/2025	Texans for Dan Patrick					
Amount (\$)	Payee address; City; State; Zip Code					
\$25,000.00	PO Box 685085					
Expenditure from corporate funds	Austin, TX 78768					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 6/7 Rpt: 189/191	Texas Dental Association Political Action Committee 00015960					
4 Date 06/25/2025	5 Payee name Texans for Greg Abbott					
6 Amount (\$) \$25,000.00	7 Payee address; City; State; Zip Code PO Box 308					
corporate funds	Austin, TX 78767					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/25/2025	Todd Hunter Campaign					
Amount (\$) \$5,000.00	Payee address;City;State;Zip Code445 Cape Henry Dr					
Expenditure from corporate funds	Corpus Christi, TX 78412					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
06/25/2025	Tom Oliverson Campaign					
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1 E Greenway Plz Ste 225 Houston, TX 77046					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 190/191	Texas Dental Association Political Action Committee 00015960
4 Date	5 Payee name
06/25/2025	Toni Rose Campaign
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO Box 41867
Expenditure from corporate funds	Dallas, TX 75241
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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: 191/191			
				0 (Ethics Commission Filers)		
	Texas Dental Association Political Action Committee			00015	960	
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	06/01/2025		First Lockhart National Bank			\$2,545.24
		6	Address of person from whom amount is received; City; State; Zip Cod	е		
			Austin, TX 78748			
		7	Purpose for which amount is received			riku tian yatu waal ta filay
		ľ	Interest	_ Check if po	litical cont	ribution returned to filer
┣						