

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015960		2 Total pages filed: 191	
3 COMMITTEE NAME Texas Dental Association Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/07/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 8701 W Hwy 71 Suite 201-M Austin, TX 78735				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dr. Daniel NICKNAME LAST SUFFIX O'Dell				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8701 W Hwy 71 Suite 201-M Austin, TX 78735				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1946 S IH35 Ste 400 Austin, TX 78704-3644				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 443-3675				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input checked="" type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 05/26/2025    06/25/2025				

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Dental Association Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00015960
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 61,089.52
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 105,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,821,862.55
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

### 16 AFFIDAVIT

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

Dr. Daniel O'Dell

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 191

<b>17 COMMITTEE NAME</b> Texas Dental Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015960
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 49,028.03
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 12,061.49
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 105,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,545.24

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/179 Rpt: 4/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addington, Danny (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Atlanta, TX 75551-2625	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addington, Danny (Dr.) Contributor address; City; State; Zip Code  Atlanta, TX 75551-2625	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addington, Danny (Dr.) Contributor address; City; State; Zip Code  Atlanta, TX 75551-2625	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addington, Danny (Dr.) Contributor address; City; State; Zip Code  Atlanta, TX 75551-2625	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aleman, Brayann (Dr.) Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/179 Rpt: 5/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Sarah (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Forney, TX 75126	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Sarah (Dr.) Contributor address; City; State; Zip Code  Forney, TX 75126	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Sarah (Dr.) Contributor address; City; State; Zip Code  Forney, TX 75126	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Sarah (Dr.) Contributor address; City; State; Zip Code  Forney, TX 75126	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Alejandro (Dr.) Contributor address; City; State; Zip Code  Socorro, TX 79927	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/179 Rpt: 6/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Alejandro (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Socorro, TX 79927	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Alejandro (Dr.) <hr/> Contributor address; City; State; Zip Code  Socorro, TX 79927	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Alejandro (Dr.) <hr/> Contributor address; City; State; Zip Code  Socorro, TX 79927	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso Rodriguez, Yaquelin (Dr.) <hr/> Contributor address; City; State; Zip Code  Brookshire, TX 77423	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvey, Dallas (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/179 Rpt: 7/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvey, Dallas (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvey, Dallas (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvey, Dallas (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amin, Ketan (Dr.) <hr/> Contributor address; City; State; Zip Code  Homewood, TX 35209	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderton, Xochitl (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/179 Rpt: 8/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderton, Xochitl (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderton, Xochitl (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderton, Xochitl (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Craig (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Erin (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/179 Rpt: 9/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Erin (Dr.)	<b>7</b> Amount of Contribution (\$)  \$8.37
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731		
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Erin (Dr.)	Amount of Contribution (\$)  \$8.33
Contributor address; City; State; Zip Code  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Erin (Dr.)	Amount of Contribution (\$)  \$8.33
Contributor address; City; State; Zip Code  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Artaza, Hugo (Dr.)	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Katy, TX 77450		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aswad, Husham (Dr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Mission, TX 78572		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/179 Rpt: 10/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azarnoush, Kaveh (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azarnoush, Kaveh (Dr.) <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azarnoush, Kaveh (Dr.) <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azarnoush, Kaveh (Dr.) <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, John (Dr.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 8/179 Rpt: 11/191

2 FILER NAME

Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date  
05/30/2025

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

7 Amount of Contribution (\$)  
\$10.00

6 Contributor address; City; State; Zip Code

Amarillo, TX 79109

8 Principal occupation / Job title (See Instructions)  
Dentist

9 Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$10.00

Contributor address; City; State; Zip Code

Amarillo, TX 79109

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$10.00

Contributor address; City; State; Zip Code

Amarillo, TX 79109

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code

Chesterfield, TX 63005

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code

Waxahachie, TX 75165

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/179 Rpt: 12/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrington, Jennifer (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Waxahachie, TX 75165	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Vivian (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Vivian (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Vivian (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batarse, Allison (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77095	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/179 Rpt: 13/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batarse, Allison (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77095	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batarse, Allison (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batarse, Allison (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bautsch, Jerry (Dr.) <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77339	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, D. Brev (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/179 Rpt: 14/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bekish, Daniel (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belean, Pompilia (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belean, Pompilia (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belean, Pompilia (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belean, Pompilia (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/179 Rpt: 16/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Charles (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmond, Heather (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmond, Heather (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78211	Amount of Contribution (\$)  \$8.37
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmond, Heather (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmond, Heather (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/179 Rpt: 17/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Eugene (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Vidor, TX 77662	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchers, Michael (Dr.) Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Louis-Philippe (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77060	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Louis-Philippe (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77060	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Louis-Philippe (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77060	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/179 Rpt: 18/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Louis-Philippe (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77060	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostick, Britt (Dr.) <hr/> Contributor address; City; State; Zip Code  Louisville, TX 40223	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourquein, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourquein, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$8.37
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourquein, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/179 Rpt: 19/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourquein, Robert (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Sammy (Dr.) <hr/> Contributor address; City; State; Zip Code  Huntsville, TX 77340	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, George (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, George (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/179 Rpt: 20/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, George (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77025	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, George (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Amber (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burk, Roy (Dr.) <hr/> Contributor address; City; State; Zip Code  Littlefield, TX 79339	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhart, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/179 Rpt: 21/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Charles (Dr.) <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calongne, Kevin (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calongne, Kevin (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calongne, Kevin (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calongne, Kevin (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/179 Rpt: 22/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Mark (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75601	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Shelley (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canzoneri, Teresa (Dr.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706-3432	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canzoneri, Teresa (Dr.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canzoneri, Teresa (Dr.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/179 Rpt: 23/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canzoneri, Teresa (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capehart, Christopher (Dr.) Contributor address; City; State; Zip Code  Lewisville, TX 75077	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capehart, Christopher (Dr.) Contributor address; City; State; Zip Code  Lewisville, TX 75077	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capehart, Christopher (Dr.) Contributor address; City; State; Zip Code  Lewisville, TX 75077	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capehart, Christopher (Dr.) Contributor address; City; State; Zip Code  Lewisville, TX 75077	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/179 Rpt: 24/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Omel (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Omel (Dr.) Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Omel (Dr.) Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Omel (Dr.) Contributor address; City; State; Zip Code  Harlingen, TX 78550	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Jade (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 22/179 Rpt: 25/191

2 FILER NAME

Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date  
05/30/2025

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

7 Amount of Contribution (\$)  
\$10.00

6 Contributor address; City; State; Zip Code

Fort Worth, TX 76109

8 Principal occupation / Job title (See Instructions)  
Dentist

9 Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$10.00

Contributor address; City; State; Zip Code

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$10.00

Contributor address; City; State; Zip Code

Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code

San Marcos, TX 78666

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code

San Marcos, TX 78666

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/179 Rpt: 26/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrasco, Manuel (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castano-Rendon, Maria (Dr.) Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Miguel (Dr.) Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Miguel (Dr.) Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Miguel (Dr.) Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/179 Rpt: 27/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Miguel (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavazos, Roland (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78283-1145	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cestari, Shannon (Dr.) Contributor address; City; State; Zip Code  Arlington, TX 76012	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Stephen (Dr.) Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Stephen (Dr.) Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 25/179 Rpt: 28/191

2 FILER NAME

Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date  
05/30/2025

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

7 Amount of Contribution (\$)  
\$50.00

6 Contributor address; City; State; Zip Code

Flower Mound, TX 75028

8 Principal occupation / Job title (See Instructions)  
Dentist

9 Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code

Flower Mound, TX 75028

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

Date  
06/01/2025

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

Amount of Contribution (\$)  
\$10.00

Contributor address; City; State; Zip Code

Grapevine, TX 76051

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$10.00

Contributor address; City; State; Zip Code

Grapevine, TX 76051

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

Date  
05/30/2025

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

Amount of Contribution (\$)  
\$10.00

Contributor address; City; State; Zip Code

Grapevine, TX 76051

Principal occupation / Job title (See Instructions)  
Dentist

Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/179 Rpt: 29/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Jacob (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Grapevine, TX 76051	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Garrett (Dr.) Contributor address; City; State; Zip Code  Brownfield, TX 79316	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Garrett (Dr.) Contributor address; City; State; Zip Code  Brownfield, TX 79316	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Garrett (Dr.) Contributor address; City; State; Zip Code  Brownfield, TX 79316	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Garrett (Dr.) Contributor address; City; State; Zip Code  Brownfield, TX 79316	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/179 Rpt: 30/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong, Sonia (Dr.) <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong, Sonia (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong, Sonia (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong, Sonia (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Citrano, Ronald (Dr.) Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/179 Rpt: 31/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, Robert Lee (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77478	<b>7</b> Amount of Contribution (\$)  \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, George (Dr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Stacy (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Debra (Dr.) <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76022	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Ron (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77072	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/179 Rpt: 32/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley, Emily (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley, Emily (Dr.) Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley, Emily (Dr.) Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conley, Emily (Dr.) Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Taylor (Dr.) Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/179 Rpt: 33/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Taylor (Dr.) <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Taylor (Dr.) Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Taylor (Dr.) Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke, Howard (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Ralph (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77054-2032	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/179 Rpt: 34/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Ralph (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77304	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Monte (Dr.) Contributor address; City; State; Zip Code  Hewitt, TX 76643	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Brent (Dr.) Contributor address; City; State; Zip Code  Keller, TX 76248	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Joseph (Dr.) Contributor address; City; State; Zip Code  Clyde, TX 79510	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, L (Dr.) Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/179 Rpt: 35/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, L (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79106	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, L (Dr.) Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, L (Dr.) Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crise, Stephanie (Dr.) Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft, Thomas (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/179 Rpt: 36/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croley, Thomas (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75904	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curd, Craig (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77450	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.) <hr/> Contributor address; City; State; Zip Code  Prosper, TX 75078	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.) <hr/> Contributor address; City; State; Zip Code  Prosper, TX 75078	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.) <hr/> Contributor address; City; State; Zip Code  Prosper, TX 75078	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/179 Rpt: 37/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Prosper, TX 75078	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dastoor, Sarosh (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dastoor, Sarosh (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dastoor, Sarosh (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dastoor, Sarosh (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/179 Rpt: 38/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Dick (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Camie (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Camie (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Camie (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Camie (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/179 Rpt: 39/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Trumon (Dr.) <b>6</b> Contributor address; City; State; Zip Code Henderson, TX 75654	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Trumon (Dr.) Contributor address; City; State; Zip Code Henderson, TX 75654	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Trumon (Dr.) Contributor address; City; State; Zip Code Henderson, TX 75654	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Trumon (Dr.) Contributor address; City; State; Zip Code Henderson, TX 75654	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Yvette (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79938	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/179 Rpt: 40/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Yvette (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79938	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davoody, Amirparviz (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawood, Shaymaa (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Francys (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Francys (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/179 Rpt: 42/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Santis, Rocco (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Kilgore, TX 75662	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Santis, Rocco (Dr.) Contributor address; City; State; Zip Code  Kilgore, TX 75662	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Ashley (Dr.) Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Ashley (Dr.) Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, Ashley (Dr.) Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/179 Rpt: 43/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deering, Bart (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dizon, Gabrielle (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dizon, Gabrielle (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dizon, Gabrielle (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dizon, Gabrielle (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/179 Rpt: 44/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Thuydung (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76001	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Mercedes (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-8903	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Mercedes (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-8903	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Mercedes (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-8903	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Mercedes (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75063-8903	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/179 Rpt: 45/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreher, Joan (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78248	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreher, Joan (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreher, Joan (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreher, Joan (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drennan, Terry (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/179 Rpt: 46/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Francis (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77079	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Francis (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eberhart, Gregory (Dr.) <hr/> Contributor address; City; State; Zip Code  Quitman, TX 75783	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, John (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Edward (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78202	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/179 Rpt: 47/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engels, Aaron (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78732	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enlow, Summerjoy (Dr.) <hr/> Contributor address; City; State; Zip Code  Nacogdoches, TX 75961-4291	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernst, Charles (Dr.) <hr/> Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Adalberto (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572-4348	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Favor, Joseph (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77042	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/179 Rpt: 48/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Findley, John (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Sean (Dr.) Contributor address; City; State; Zip Code  Kingwood, TX 77345	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Cynthia (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Cynthia (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Cynthia (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/179 Rpt: 49/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Cynthia (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77058	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleshman, Brandon (Dr.) <hr/> Contributor address; City; State; Zip Code  Texas City, TX 77590	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flosi, Caitlin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flosi, Caitlin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flosi, Caitlin (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/179 Rpt: 50/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flosi, Caitlin (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Claire (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Claire (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Claire (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Jason (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/179 Rpt: 51/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Jason (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, Tina (Dr.) <hr/> Contributor address; City; State; Zip Code  Mesquite, TX 75150	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fossum, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/179 Rpt: 52/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Lisa (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fray, David (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75039	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fray, David (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75039	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fray, David (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75039	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrmann, Dana (Dr.) Contributor address; City; State; Zip Code  Muenster, TX 76252	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/179 Rpt: 53/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Charles (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bryan, TX 77802	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuqua, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuqua, Tonya (Dr.) <hr/> Contributor address; City; State; Zip Code  Southlake, TX 76092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furqueron, Buddy (Dr.) <hr/> Contributor address; City; State; Zip Code  Lindale, TX 75771	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOSSETT, JAMES (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/179 Rpt: 55/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricardo (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Hewitt, TX 76643	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerhardt, Jeffery (Dr.) <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerlach, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Prosper, TX 75078	Amount of Contribution (\$)  \$1,871.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Jerome (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78218	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/179 Rpt: 56/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Kathy (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gies, Lavoyger (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78251	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Jason (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Jason (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Randal (Dr.) Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/179 Rpt: 57/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Randal (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Randal (Dr.) Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Randal (Dr.) Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glennon, John (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glennon, John (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/179 Rpt: 58/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glennon, John (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Lauren (Dr.) Contributor address; City; State; Zip Code  Crosby, TX 77532	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Lauren (Dr.) Contributor address; City; State; Zip Code  Crosby, TX 77532	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Lauren (Dr.) Contributor address; City; State; Zip Code  Crosby, TX 77532	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Lauren (Dr.) Contributor address; City; State; Zip Code  Crosby, TX 77532	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/179 Rpt: 59/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Elizabeth (Dr.) <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75069	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code  McKinney, TX 75069	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code  McKinney, TX 75069	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Elizabeth (Dr.) Contributor address; City; State; Zip Code  McKinney, TX 75069	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Robert (Dr.) Contributor address; City; State; Zip Code  Brownwood, TX 76801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/179 Rpt: 60/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gott, Karen (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lindale, TX 75771	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goulding, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Cody (Dr.) <hr/> Contributor address; City; State; Zip Code  Goldthwaite, TX 76844	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Cody (Dr.) <hr/> Contributor address; City; State; Zip Code  Goldthwaite, TX 76844	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Cody (Dr.) <hr/> Contributor address; City; State; Zip Code  Goldthwaite, TX 76844	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/179 Rpt: 61/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Cody (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Goldthwaite, TX 76844	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Austin (Dr.) <hr/> Contributor address; City; State; Zip Code  Waco, TX 76712	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Benbrook, TX 76109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffey, Clara (Dr.) <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffey, Clara (Dr.) <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/179 Rpt: 63/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Darian (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Irving, TX 75063	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Darian (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Darian (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Darian (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Michael (Dr.) Contributor address; City; State; Zip Code  Killeen, TX 76543	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/179 Rpt: 65/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert-Schoener, Stacy (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code Bellaire, TX 77401	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert-Schoener, Stacy (Dr.) <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Annalisa (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Annalisa (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$8.37
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Annalisa (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/179 Rpt: 66/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Annalisa (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Matthew (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Matthew (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Matthew (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Matthew (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/179 Rpt: 67/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich, David (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich, David (Dr.) Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich, David (Dr.) Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich, David (Dr.) Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich-Null, Lisa (Dr.) Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/179 Rpt: 68/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hempfling, John (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76309	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henegar, Anthony (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henegar, Anthony (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henegar, Anthony (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henegar, Anthony (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/179 Rpt: 69/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herber, Paula (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Waller, TX 77484	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Graciela (Dr.) Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrington, Jay (Dr.) Contributor address; City; State; Zip Code  Palestine, TX 75801	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herwig, Larry (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ron (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/179 Rpt: 70/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494	<b>7</b> Amount of Contribution (\$)  \$187.10
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoerster, Zachary (Dr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollander, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horner, Sandra (Dr.) <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75050	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/179 Rpt: 71/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Amy (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75231	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houari, Ibrahim (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howe, John (Dr.) <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huet, Jennine (Dr.) <hr/> Contributor address; City; State; Zip Code  Spring, TX 77381-4760	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-1132	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/179 Rpt: 72/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, James (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703-1132	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-1132	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irving, Joseph (Dr.) <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063-2619	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Stacey (Dr.) <hr/> Contributor address; City; State; Zip Code  Hondo, TX 78861	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarema, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78596-6608	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/179 Rpt: 73/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarema, James (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Weslaco, TX 78596-6608	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarema, James (Dr.) Contributor address; City; State; Zip Code  Weslaco, TX 78596-6608	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarema, James (Dr.) Contributor address; City; State; Zip Code  Weslaco, TX 78596-6608	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Brad (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77079	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jos, Swapna (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75025-5500	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/179 Rpt: 74/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jung, Soong-Ryong (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaviani, Kevin (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaviani, Kevin (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaviani, Kevin (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/179 Rpt: 75/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaviani, Kevin (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keepers, Deborah (Dr.) <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeton, David (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeton, David (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeton, David (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78201	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/179 Rpt: 76/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keeton, David (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78201	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Kelly (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keneson, Joe (Dr.) <hr/> Contributor address; City; State; Zip Code  Silsbee, TX 77656	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, iii, PAUL (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, iii, PAUL (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/179 Rpt: 77/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, iii, PAUL (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, iii, PAUL (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Dan (Dr.) <hr/> Contributor address; City; State; Zip Code  Little Elm, TX 75068	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoo, Tuo Sheng Joel (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoo, Tuo Sheng Joel (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/179 Rpt: 78/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoo, Tuo Sheng Joel (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khoo, Tuo Sheng Joel (Dr.) Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiening, Jennifer (Dr.) Contributor address; City; State; Zip Code  Cedar Park, TX 78613-7858	Amount of Contribution (\$)  \$16.65
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiesel, Donna (Dr.) Contributor address; City; State; Zip Code  Coppell, TX 75019-9606	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiesel, Donna (Dr.) Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/179 Rpt: 79/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiesel, Donna (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiesel, Donna (Dr.) <hr/> Contributor address; City; State; Zip Code  Coppell, TX 75019	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/179 Rpt: 80/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78749	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738-5530	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jacob (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jacob (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jacob (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/179 Rpt: 81/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Jacob (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Shelby (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78748	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Jamie (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Jamie (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Jamie (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/179 Rpt: 82/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kooi, Devon (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Huntsville, TX 77340	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kooker, Kirk (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koschak, Seth (Dr.) Contributor address; City; State; Zip Code  San Angelo, TX 76904	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kososki, Joseph (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhl, Eric (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/179 Rpt: 83/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuna, Jennifer (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78222	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Croix, Stanley (Dr.) Contributor address; City; State; Zip Code  West Lake Hills, TX 78746	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Croix, Stanley (Dr.) Contributor address; City; State; Zip Code  West Lake Hills, TX 78746	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laborde, Elizabeth (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laborde, Elizabeth (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/179 Rpt: 84/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laborde, Elizabeth (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laborde, Elizabeth (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lansden, Sheala (Dr.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Celeste (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Celeste (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/179 Rpt: 85/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Celeste (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Celeste (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latiolais, Trey (Dr.) Contributor address; City; State; Zip Code  Mount Pleasant, TX 75455	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latta, Paul (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Kent (Dr.) Contributor address; City; State; Zip Code  Richmond, TX 77406	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/179 Rpt: 86/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Tara (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79423	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Tara (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Tara (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Tara (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Tara (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/179 Rpt: 87/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lea, James (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Grand Saline, TX 75140	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Ronald (Dr.) Contributor address; City; State; Zip Code  Colleyville, TX 76034-5905	Amount of Contribution (\$)  \$187.10
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leever, Donald (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leever, Donald (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leever, Donald (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/179 Rpt: 88/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leever, Donald (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77063	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leisch, Jarrod (Dr.) <hr/> Contributor address; City; State; Zip Code  Whitehouse, TX 75791	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemke, Kelly (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Jeffrey (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Li, Dongfang (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77036	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/179 Rpt: 89/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liao, Henry (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$)  \$850.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsey, Brandi (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindt, Chadwick (Dr.) <hr/> Contributor address; City; State; Zip Code  Decatur, TX 76234	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindt, Chadwick (Dr.) <hr/> Contributor address; City; State; Zip Code  Decatur, TX 76234	Amount of Contribution (\$)  \$8.37
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindt, Chadwick (Dr.) <hr/> Contributor address; City; State; Zip Code  Decatur, TX 76234	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/179 Rpt: 90/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindt, Chadwick (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Decatur, TX 76234	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linger, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linger, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linger, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linger, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/179 Rpt: 91/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, David (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78263	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loar, Roberto (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78741	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftin, Jennifer (Dr.) Contributor address; City; State; Zip Code  Alice, TX 78332	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftin, Jennifer (Dr.) Contributor address; City; State; Zip Code  Alice, TX 78332	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftin, Jennifer (Dr.) Contributor address; City; State; Zip Code  Alice, TX 78332	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/179 Rpt: 92/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftin, Jennifer (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Alice, TX 78332	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loiselle, John (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79912-5115	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez-alvarez, Walter (Dr.) Contributor address; City; State; Zip Code  Harlingen, TX 78552	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loth, Deborah (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76103	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovering, James (Dr.) Contributor address; City; State; Zip Code  Hurst, TX 76054	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/179 Rpt: 93/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovering, James (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Hurst, TX 76054	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovering, James (Dr.) Contributor address; City; State; Zip Code  Hurst, TX 76054	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovering, James (Dr.) Contributor address; City; State; Zip Code  Hurst, TX 76054	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovoi, John (Dr.) Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luquis-Aponte, Wilma (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79905	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/179 Rpt: 94/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luquis-Aponte, Wilma (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79905	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luquis-Aponte, Wilma (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79905	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutke, Gregory (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Anne (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/179 Rpt: 95/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machado, Irelia (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Southlake, TX 76092	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, James (Dr.) Contributor address; City; State; Zip Code  Longview, TX 75605	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Nichole (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markle, Travis (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markle, Travis (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 93/179 Rpt: 96/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markle, Travis (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75701	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markle, Travis (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marr, Karina (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marr, Karina (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marr, Karina (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/179 Rpt: 98/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Gregory (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206-6827	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marteeny, Angela (Dr.) Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marteeny, Angela (Dr.) Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Ralph (Dr.) Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Brian (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/179 Rpt: 99/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, John (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	<b>7</b> Amount of Contribution (\$)  \$1,200.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Aimee (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-0958	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Lisa B. (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216-4361	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Will (Dr.) <hr/> Contributor address; City; State; Zip Code  Chandler, TX 75758	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Alexandra (Dr.) <hr/> Contributor address; City; State; Zip Code  Northlake, TX 76226	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/179 Rpt: 100/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCandless, Georganne (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Tomball, TX 77375	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Edwin (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, John (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, John (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, John (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/179 Rpt: 102/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Danette (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032	<b>7</b> Amount of Contribution (\$)  \$1,200.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McQuade, LeeAnn (Dr.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706-6079	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Christina Marie (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78252	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnathon (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79932-2247	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnathon (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79932-2247	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/179 Rpt: 103/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Rafael (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78213	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Jessica (Dr.) Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Jessica (Dr.) Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Jessica (Dr.) Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Jessica (Dr.) Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/179 Rpt: 104/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meza, Jose (Dr.) <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meza, Jose (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meza, Jose (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midkiff, David (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79413	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mihalik, Colin (Dr.) Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/179 Rpt: 105/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikulencak, David (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Donna (Dr.) Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$1,200.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, J (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, James (Dr.) Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, L (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/179 Rpt: 106/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minott-Warren, Sharon (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minott-Warren, Sharon (Dr.) Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minott-Warren, Sharon (Dr.) Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moers-Walding, Emily (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moers-Walding, Emily (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/179 Rpt: 107/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moers-Walding, Emily (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moers-Walding, Emily (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohd Najib, Sonia (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79922	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohd Najib, Sonia (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79922	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Juan (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78222	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/179 Rpt: 108/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Juan (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78222	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Juan (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78222	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Juan (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78222	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Jose (Dr.) Contributor address; City; State; Zip Code  Rowlett, TX 75088-4571	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Jose (Dr.) Contributor address; City; State; Zip Code  Rowlett, TX 75088-4571	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/179 Rpt: 109/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Davis (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Michael (Dr.) Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Michael (Dr.) Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Michael (Dr.) Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Michael (Dr.) Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/179 Rpt: 110/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Kayla (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Kayla (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Kayla (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Kayla (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moss, Ariane (Dr.) Contributor address; City; State; Zip Code  The Woodlands, TX 77384	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/179 Rpt: 111/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, Brian (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77070	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munne, Anna (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-9700	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/179 Rpt: 112/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munne, Anna (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002-9700	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munne, Anna (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-9700	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munne, Anna (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-9700	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Kurt (Dr.) <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najera, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 110/179 Rpt: 113/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ne, Rita (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75244	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ne, Rita (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75244	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ne, Rita (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75244	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ne, Rita (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75244	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Robert (Dr.) Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 111/179 Rpt: 114/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neale, William (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neale, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neale, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neale, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Shelby (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-3355	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/179 Rpt: 115/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78228	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando A. (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78228-5500	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nisnisan, Mary Jocelyn Elyse (Dr.) <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77469	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nisnisan, Mary Jocelyn Elyse (Dr.) <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77469	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nisnisan, Mary Jocelyn Elyse (Dr.) <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77469	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/179 Rpt: 116/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nisnisan, Mary Jocelyn Elyse (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77469	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Kathy (Dr.) <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Kathy (Dr.) <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Kathy (Dr.) <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Kathy (Dr.) <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/179 Rpt: 117/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Offutt, Robert (Dr.) <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okugbaye, Rita (Dr.) Contributor address; City; State; Zip Code  Willow Park, TX 76087-3204	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ombrello, Jill (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75231-3430	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Onime, Olakunbi (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orlandi, Gino (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78247	Amount of Contribution (\$)  \$96.80
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/179 Rpt: 118/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortegon, Sergio (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz Quiles, Luis (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz Quiles, Luis (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz Quiles, Luis (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz Quiles, Luis (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/179 Rpt: 119/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, Gregory (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78218	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$85.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, C (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78752	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Melinda (Dr.) Contributor address; City; State; Zip Code  Denison, TX 75020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Melinda (Dr.) Contributor address; City; State; Zip Code  Denison, TX 75020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/179 Rpt: 120/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Melinda (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denison, TX 75020	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Melinda (Dr.) <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734-2020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734-2020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734-2020	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/179 Rpt: 121/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Stephen (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78734	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jane (Dr.) <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jane (Dr.) <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jane (Dr.) <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jane (Dr.) <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/179 Rpt: 122/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmer, David (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76244	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Neela (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Brendon (Dr.) <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Brendon (Dr.) <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Brendon (Dr.) <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/179 Rpt: 123/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Brendon (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  League City, TX 77573	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelka, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peppard, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Edgar (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Edgar (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/179 Rpt: 124/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Edgar (Dr.) <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Edgar (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79925	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Daniel (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78231	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Eric (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Eric (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/179 Rpt: 125/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Eric (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettit, Nathan (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77054	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Aidan (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Aidan (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 123/179 Rpt: 126/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Aidan (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phan, Aidan (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.) <hr/> Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.) <hr/> Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.) <hr/> Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/179 Rpt: 127/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sunnyvale, TX 75182	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/179 Rpt: 128/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, William (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philp, Dianne (Dr.) <hr/> Contributor address; City; State; Zip Code  Marble Falls, TX 78654	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillers, Gary (Dr.) <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitarra, Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitarra, Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/179 Rpt: 129/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitarra, Sarah (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitarra, Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plocheck, Janell (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plocheck, Janell (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poe, Keith (Dr.) <hr/> Contributor address; City; State; Zip Code  Midland, TX 79707	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/179 Rpt: 130/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Bedford, TX 76021	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James (Dr.) Contributor address; City; State; Zip Code  Bedford, TX 76021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James (Dr.) Contributor address; City; State; Zip Code  Bedford, TX 76021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James (Dr.) Contributor address; City; State; Zip Code  Bedford, TX 76021	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Jackson (Dr.) Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/179 Rpt: 131/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230-4431	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78230-4431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78230-4431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/179 Rpt: 132/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230-4431	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78230-4431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78230-4431	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Shane (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78258-4152	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Shane (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 130/179 Rpt: 133/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poticny, Daniel (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Richard (Dr.) Contributor address; City; State; Zip Code  Helotes, TX 78023	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Stewart (Dr.) Contributor address; City; State; Zip Code  Waxahachie, TX 75165	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Carol (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Gilbert (Dr.) Contributor address; City; State; Zip Code  Porter, TX 77365	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 131/179 Rpt: 134/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proctor, Christopher (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79606	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proctor, Christopher (Dr.) Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proctor, Christopher (Dr.) Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proctor, Christopher (Dr.) Contributor address; City; State; Zip Code  Abilene, TX 79606	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdy, John (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79925-6793	Amount of Contribution (\$)  \$187.10
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 132/179 Rpt: 135/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putthoff, Susan (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Kerrville, TX 78028	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Charles (Dr.) Contributor address; City; State; Zip Code  Victoria, TX 77901	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Charles (Dr.) Contributor address; City; State; Zip Code  Victoria, TX 77901	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Charles (Dr.) Contributor address; City; State; Zip Code  Victoria, TX 77901	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Charles (Dr.) Contributor address; City; State; Zip Code  Victoria, TX 77901	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 133/179 Rpt: 136/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragsdale, Judith (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bullard, TX 75757	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralstin, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Marlene (Dr.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randers, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-7854	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashall, Gregory (Dr.) <hr/> Contributor address; City; State; Zip Code  Liberty, TX 77575	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 134/179 Rpt: 137/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathke, Bryan (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Huntsville, TX 77340	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathke, Bryan (Dr.) Contributor address; City; State; Zip Code  Huntsville, TX 77340	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathke, Bryan (Dr.) Contributor address; City; State; Zip Code  Huntsville, TX 77340	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathke, Bryan (Dr.) Contributor address; City; State; Zip Code  Huntsville, TX 77340	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reece, Michael (Dr.) Contributor address; City; State; Zip Code  Bryan, TX 77802	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 135/179 Rpt: 138/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reel, Harold (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Angelo, TX 76903	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rendon, Juan (Dr.) Contributor address; City; State; Zip Code  Frisco, TX 75033	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rezaei, Naser (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Shane (Dr.) Contributor address; City; State; Zip Code  Prosper, TX 75078	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Shane (Dr.) Contributor address; City; State; Zip Code  Prosper, TX 75078	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 137/179 Rpt: 140/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Mark (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Athens, TX 75751	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Mark (Dr.) Contributor address; City; State; Zip Code  Athens, TX 75751	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Tyrone (Dr.) Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Tyrone (Dr.) Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Tyrone (Dr.) Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 139/179 Rpt: 142/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouse, Lisa (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Marie (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77087	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Alix (Dr.) Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Alix (Dr.) Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satchell, Paul (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77095	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 140/179 Rpt: 143/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Charles (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79124	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaff, Brian (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaggs, Melissa (Dr.) Contributor address; City; State; Zip Code  Carrollton, TX 75006	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidgall, Ryan (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Laura (Dr.) Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 141/179 Rpt: 144/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiner, James (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Keller, TX 76248	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Christopher (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 142/179 Rpt: 145/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidler, Daryl (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidler, Daryl (Dr.) <hr/> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidler, Daryl (Dr.) <hr/> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidler, Daryl (Dr.) <hr/> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Sunil (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 143/179 Rpt: 146/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Sunil (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Sunil (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharfae, Benjamin (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharfae, Magnolia (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Jeffrey (Dr.) Contributor address; City; State; Zip Code  Judson, TX 75660	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 144/179 Rpt: 147/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Michael (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shetty, Divya (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Thalia (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206-0940	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 145/179 Rpt: 148/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Thalia (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Thalia (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 146/179 Rpt: 149/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Thomas (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Terrell (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79413	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siripanyo, Sommay (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76111	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Benjamin (Dr.) <hr/> Contributor address; City; State; Zip Code  Webster, TX 77598	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carmen (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-3564	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 147/179 Rpt: 150/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carmen (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75243-3564	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carmen (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75243-3564	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carmen (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75243-3564	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glenda (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78731-4987	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kiley (Dr.) Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 148/179 Rpt: 151/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79119	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snody, LeAnn (Dr.) <hr/> Contributor address; City; State; Zip Code  Portland, TX 78374	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soleimanzadeh Azar, Pardis (Dr.) <hr/> Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somjee, Ali (Dr.) <hr/> Contributor address; City; State; Zip Code  Wylie, TX 75098	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speck, Rachel (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77098-1919	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 149/179 Rpt: 152/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speck, Rachel (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77098	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speck, Rachel (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speck, Rachel (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77098	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperry, Stephen (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79423	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Elizabeth (Dr.) Contributor address; City; State; Zip Code  Gatesville, TX 76528	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 150/179 Rpt: 153/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Elizabeth (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Gatesville, TX 76528	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Elizabeth (Dr.) <hr/> Contributor address; City; State; Zip Code  Gatesville, TX 76528	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Elizabeth (Dr.) <hr/> Contributor address; City; State; Zip Code  Gatesville, TX 76528	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sponenberg, John (Dr.) <hr/> Contributor address; City; State; Zip Code  Mexia, TX 76667	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staffel, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Bedford, TX 76021	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 151/179 Rpt: 154/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staggs, Jane Marie (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379	<b>7</b> Amount of Contribution (\$)  \$8.37
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stampe, Melody (Dr.) Contributor address; City; State; Zip Code  Richardson, TX 75082	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stampe, Melody (Dr.) Contributor address; City; State; Zip Code  Richardson, TX 75082	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stampe, Melody (Dr.) Contributor address; City; State; Zip Code  Richardson, TX 75082	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stampe, Melody (Dr.) Contributor address; City; State; Zip Code  Richardson, TX 75082	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 152/179 Rpt: 155/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanaland, Robert (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79701-6172	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanaland, Robert (Dr.) Contributor address; City; State; Zip Code  Midland, TX 79701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanaland, Robert (Dr.) Contributor address; City; State; Zip Code  Midland, TX 79701	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansbury, Audrey (Dr.) Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansbury, Audrey (Dr.) Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 153/179 Rpt: 156/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansbury, Audrey (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code Highland Village, TX 75077	<b>7</b> Amount of Contribution (\$) \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansbury, Audrey (Dr.) <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stasny, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Claude (Dr.) <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Debra (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096-6036	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 154/179 Rpt: 157/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Debra (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stocker, Martin (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Colton (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79413-5143	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Colton (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79413	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Colton (Dr.) Contributor address; City; State; Zip Code  Lubbock, TX 79413	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 155/179 Rpt: 158/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Colton (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79413	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromberg, M (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuchlik, Katie (Dr.) Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumbera, Mark (Dr.) Contributor address; City; State; Zip Code  Victoria, TX 77901-3092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Mary (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 156/179 Rpt: 159/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinney, Chip (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703	<b>7</b> Amount of Contribution (\$)  \$1,200.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinney, Madelyn (Dr.) Contributor address; City; State; Zip Code  Schertz, TX 78108	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinney, Madelyn (Dr.) Contributor address; City; State; Zip Code  Schertz, TX 78108	Amount of Contribution (\$)  \$12.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szczzerba, Mark (Dr.) Contributor address; City; State; Zip Code  Wichita Falls, TX 76310	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Kayleigh (Dr.) Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 157/179 Rpt: 160/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tevis, Sarah (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thiel, Gregory (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Cre'Andria (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Cre'Andria (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75251	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Lawrence (Dr.) <hr/> Contributor address; City; State; Zip Code  Coleman, TX 76834	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 158/179 Rpt: 161/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Michelle (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054-2032	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Michelle (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77054	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Michelle (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77054	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Scott (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75023-7934	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Scott (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$8.37
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 159/179 Rpt: 162/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Brandi (Dr.) <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79932	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Brandi (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79932	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Brandi (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79932	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiner, Brandi (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79932	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Train, Terri (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 160/179 Rpt: 163/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trieu, Quynh-Chi (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trieu, Quynh-Chi (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trieu, Quynh-Chi (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trieu, Quynh-Chi (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truong, Khanh (Dr.) Contributor address; City; State; Zip Code  Spring, TX 77389	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 161/179 Rpt: 164/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Kathryn (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Malakoff, TX 75148	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyson, Matthew (Dr.) Contributor address; City; State; Zip Code  Benbrook, TX 76126	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyson, Matthew (Dr.) Contributor address; City; State; Zip Code  Benbrook, TX 76126	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyson, Matthew (Dr.) Contributor address; City; State; Zip Code  Benbrook, TX 76126	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyson, Matthew (Dr.) Contributor address; City; State; Zip Code  Benbrook, TX 76126	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 162/179 Rpt: 165/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unterbrink, Cheyenne (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ure, Derid (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ure, Derid (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ure, Derid (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ure, Derid (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 163/179 Rpt: 166/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uriegas, Melissa (Dr.) <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uriegas, Melissa (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uriegas, Melissa (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uriegas, Melissa (Dr.) Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valadez, Roel (Dr.) Contributor address; City; State; Zip Code  Alice, TX 78332	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 164/179 Rpt: 167/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallone, Alessandro (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallone, Alessandro (Dr.) <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallone, Alessandro (Dr.) <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Wicklen, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderbrook, Drew (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 165/179 Rpt: 168/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderbrook, Drew (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderbrook, Drew (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderbrook, Drew (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75214	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vardeman, Fortuna (Dr.) <hr/> Contributor address; City; State; Zip Code  Schertz, TX 78154	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughan, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 166/179 Rpt: 169/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Roberto (Dr.) <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78261	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Roberto (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Roberto (Dr.) Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Jonathan (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Jonathan (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 167/179 Rpt: 170/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Jonathan (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Jonathan (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voigtel, Richard (Dr.) Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waggener, Thomas (Dr.) Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Christa (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76244	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 168/179 Rpt: 171/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, David (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Big Spring, TX 79720	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Guadalupe (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Guadalupe (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Guadalupe (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Guadalupe (Dr.) Contributor address; City; State; Zip Code  El Paso, TX 79902	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 169/179 Rpt: 172/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasylyucha, Lorne (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasylyucha, Lorne (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasylyucha, Lorne (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Stephen (Dr.) Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wear, Eric (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 170/179 Rpt: 173/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wear, Eric (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	<b>7</b> Amount of Contribution (\$)  \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wear, Eric (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wear, Eric (Dr.) Contributor address; City; State; Zip Code  Fort Worth, TX 76107	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wedin, John (Dr.) Contributor address; City; State; Zip Code  Sweetwater, TX 79556	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedon, Kyle (Dr.) Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 171/179 Rpt: 174/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedon, Kyle (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Mineola, TX 75773	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedon, Kyle (Dr.) Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedon, Kyle (Dr.) Contributor address; City; State; Zip Code  Mineola, TX 75773	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weibel, Wesley (Dr.) Contributor address; City; State; Zip Code  Seabrook, TX 77586	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Lindsey Luann (Dr.) Contributor address; City; State; Zip Code  Houston, TX 77018	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 172/179 Rpt: 175/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78209	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitworth, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$5.70
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitworth, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$5.70
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitworth, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	Amount of Contribution (\$)  \$5.70
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbanks, David (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912-3904	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 173/179 Rpt: 176/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Damon (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418-5931	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkie, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Joshua (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Joshua (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 174/179 Rpt: 177/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Joshua (Dr.) <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Joshua (Dr.) Contributor address; City; State; Zip Code  Plano, TX 75024	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Claude (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Claude (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Claude (Dr.) Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 175/179 Rpt: 178/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rex (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76180	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Blake (Dr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Blake (Dr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Blake (Dr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Blake (Dr.) <hr/> Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 176/179 Rpt: 179/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Arvel (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79705	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Arvel (Dr.) <hr/> Contributor address; City; State; Zip Code  Midland, TX 79705	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Jack (Dr.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Windham, Clayton (Dr.) <hr/> Contributor address; City; State; Zip Code  Center, TX 75935	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

  

Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingate, Mark (Dr.) <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710-2920	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 177/179 Rpt: 180/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodruff, Sean (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79106	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Wayne (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Wayne (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Wayne (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Wayne (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 178/179 Rpt: 181/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worsham, Debrah (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Center, TX 75935	<b>7</b> Amount of Contribution (\$)  \$1,871.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.) <hr/> Contributor address; City; State; Zip Code  Comfort, TX 78013	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.) <hr/> Contributor address; City; State; Zip Code  Comfort, TX 78013	Amount of Contribution (\$)  \$8.37
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.) <hr/> Contributor address; City; State; Zip Code  Comfort, TX 78013	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.) <hr/> Contributor address; City; State; Zip Code  Comfort, TX 78013	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 179/179 Rpt: 182/191
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 05/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Younus, Fabia (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77024-3012	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yu, David (Dr.) <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoumboukos, Kathryn (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de la Fuente, Rene (Dr.) <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79936	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:  
Sch: 1/1 Rpt: 183/191

2 FILER NAME  
Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date  
06/01/2025

5 Corporation / Labor Organization name  
Texas Dental Association

6 Amount (\$)  
12,061.49

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 184/191	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/25/2025	<b>5</b> Payee name Angelia Orr Campaign	
<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 113  Itasca, TX 76055	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Ann Johnson Campaign	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 56386  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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Brandon Creighton Campaign	
Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 2257 N Loop 336 Ste 140-366 Conroe, TX 77304	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 185/191	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/25/2025	<b>5</b> Payee name Bryan Hughes for Texas Senate	
<b>6</b> Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 450  Mineola, TX 75773	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Charles Schwertner Campaign		
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2448  Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Dennis Paul Campaign		
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 626 1/2 Barringer Ln Ste A Webster, TX 77598	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 186/191	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/25/2025	<b>5</b> Payee name Donna Campbell Campaign	
<b>6</b> Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 171002  San Antonio, TX 78217	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2025	Payee name Dustin Burrows Campaign	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5010 University Ave 5th Floor Lubbock, TX 79493	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2025	Payee name Greg Bonnen Campaign	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1183  Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 187/191	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/25/2025	<b>5</b> Payee name Jay Dean Campaign	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3822 Holly Ridge  Longview, TX 75605	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Judith Zaffirini Campaign		
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 627  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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Kelly Hancock Campaign		
Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 821349  North Richland Hills, TX 76182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 189/191	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 06/25/2025	<b>5</b> Payee name Texans for Greg Abbott	
<b>6</b> Amount (\$) \$25,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 308  Austin, TX 78767	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Todd Hunter Campaign		
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 445 Cape Henry Dr  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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Tom Oliverson Campaign		
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 190/191	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 06/25/2025	5 Payee name Toni Rose Campaign	
6 Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 41867  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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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

2 FILER NAME

Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date

06/01/2025

5 Name of person from whom amount is received

First Lockhart National Bank

8 Amount (\$)

\$2,545.24

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

Austin, TX 78748

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer