

# 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<br>(Ethics Commission Filers)<br>00015960 |  | 2 Total pages filed:<br>41  |  |
| 3 COMMITTEE NAME<br>Texas Dental Association Political Action Committee |  |  |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>10/02/2025<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount<br><br>Date Processed<br><br>Date Imaged |  |
| 4 COMMITTEE ADDRESS   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>8701 W Hwy 71<br>Suite 201-M<br>Austin, TX 78735  |  |  |   |  |
| 5 CAMPAIGN TREASURER NAME   | MS / MRS / MR FIRST MI<br>Dr. Daniel<br><br>NICKNAME LAST SUFFIX<br>O'Dell   |  |  |   |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)          | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>8701 W Hwy 71<br>Suite 201-M<br>Austin, TX 78735  |  |  |   |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                                    | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1946 S IH35 Ste 400<br><br>Austin, TX 78704-3644   |  |  |   |  |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(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 type="checkbox"/> July 5 <input checked="" type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><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<br>08/26/2025    09/25/2025  |  |  |   |  |

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>Texas Dental Association Political Action Committee                         |  | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015960   |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)                     | A. Supported  |
|   |  | B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)               | A. Supported  |
|   |  | B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(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><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|   | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 14,419.67  |
| EXPENDITURE TOTALS  | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ 0.00   |
|   | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 19,000.00  |
| CONTRIBUTION BALANCE  | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>        | \$ 1,923,644.26   |
| 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 41

|   |  |   |
|---|--|---|
| <b>17 COMMITTEE NAME</b><br>Texas Dental Association Political Action Committee |  | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00015960 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                |  | SUBTOTAL AMOUNT   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 2,358.18   |
| 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                   | \$ 19,000.00  |
| 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 | \$ 2,621.90   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/34 Rpt: 4/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960 |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Addington, Danny (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Atlanta, TX 75551-2625 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Allen, Sarah (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Forney, TX 75126                             | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alonso, Alejandro (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Socorro, TX 79927                       | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alvey, Dallas (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77055                           | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/08/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anderton, Xochitl (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424                       | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>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:<br>Sch: 2/34 Rpt: 5/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960 |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arnold, Erin (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78731 | <b>7</b> Amount of Contribution (\$)<br><br>\$8.33       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Azarnoush, Kaveh (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Cedar Park, TX 78613           | Amount of Contribution (\$)<br><br>\$5.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Banks, John (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109-4145             | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barron, Vivian (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75214                 | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Batarse, Allison (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77095              | Amount of Contribution (\$)<br><br>\$5.00                |
| Principal occupation / Job title (See Instructions)<br>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:<br>Sch: 3/34 Rpt: 6/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960 |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Belean, Pompilia (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78737 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Blackmond, Heather (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78232            | Amount of Contribution (\$)<br><br>\$8.33                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bosse, Louis-Philippe (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77060             | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bourquein, Robert (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Fredericksburg, TX 78624          | Amount of Contribution (\$)<br><br>\$8.33                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>08/27/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bruchmiller, Denise (Mrs.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Boerne, TX 78006               | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Spouse              |   | 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:<br>Sch: 4/34 Rpt: 7/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960 |
| <b>4</b> Date<br>09/01/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Buckley, George (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77025 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Calongne, Kevin (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77024                   | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Canzoneri, Teresa (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Beaumont, TX 77706-3432           | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Capehart, Christopher (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75077          | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                              |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cardenas, Omel (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550                  | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>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:<br>Sch: 5/34 Rpt: 8/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960 |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carlson, Jade (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Castillo, Miguel (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Mission, TX 78572                   | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                              |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chan, Stephen (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Flower Mound, TX 75028                 | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                              |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chandler, Jacob (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051                  | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                              |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chappell, Garrett (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Brownfield, TX 79316               | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>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:<br>Sch: 6/34 Rpt: 9/41                                  |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960                                  |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chong, Sonia (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79936 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right;">\$10.00</div> |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)  |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Conley, Emily (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Cedar Park, TX 78613               | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$10.00</div>          |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)   |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cook, Taylor (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78130             | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$10.00</div>          |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)   |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Crawford, L (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79106                   | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$10.00</div>          |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)   |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cremer, Jody (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>North Richland Hills, TX 76182-4313 | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$33.34</div>          |
| Principal occupation / Job title (See Instructions)<br>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:<br>Sch: 7/34 Rpt: 10/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960  |
| <b>4</b> Date<br>08/27/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Crow, Janet (Mrs.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Spicewood, TX 78669-3113 | <b>7</b> Amount of Contribution (\$)<br><br>\$125.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Spouse     |   | <b>9</b> Employer (See Instructions)                      |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Danna, Jodi (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Prosper, TX 75078                           | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dastoor, Sarosh (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77070                       | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Camie (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79423                          | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |
| Date<br>09/16/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Trumon (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Henderson, TX 75654                       | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>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:<br>Sch: 8/34 Rpt: 11/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960  |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Yvette (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79938 | <b>7</b> Amount of Contribution (\$)<br><br>\$12.50       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                      |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Day, Francys (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78731                     | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>De Santis, Rocco (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Kilgore, TX 75662                | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |
| Date<br>09/13/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Decker, Ashley (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Weatherford, TX 76086              | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |
| Date<br>09/14/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dizon, Gabrielle (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75206                 | Amount of Contribution (\$)<br><br>\$5.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9/34 Rpt: 12/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960  |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dominguez, Mercedes (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Irving, TX 75063-8903 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                      |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dreher, Joan (Dr.)<br>Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78248                          | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flanagan, Cynthia (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77058                         | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flosi, Caitlin (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109                         | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |
| Date<br>08/28/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foreman, Claire (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78749                            | Amount of Contribution (\$)<br><br>\$10.00                |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 10/34 Rpt: 13/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/15/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foreman, Jason (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78737 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fray, David (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75039                      | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gadia, Rocelle (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503                  | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/22/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Glenn, Randal (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77478                | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>08/27/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Glennon, John (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78738                    | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 11/34 Rpt: 14/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>08/27/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Glennon, John (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78738 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Glennon, John (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78738                   | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Golden, Lauren (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Crosby, TX 77532                  | Amount of Contribution (\$)<br><br>\$5.00                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Goldman, Elizabeth (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McKinney, TX 75069            | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Graves, Cody (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Goldthwaite, TX 76844               | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 12/34 Rpt: 15/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>08/28/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Green, Austin (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Waco, TX 76712 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.10        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hagen, Heather (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Leander, TX 78641-3668          | Amount of Contribution (\$)<br><br>\$12.50                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hampton, Darian (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Irving, TX 75063               | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hau, Helen (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78703                    | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Havig, Joseph (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79904-2035           | Amount of Contribution (\$)<br><br>\$20.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 13/34 Rpt: 16/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hebert-Schoener, Stacy (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Bellaire, TX 77401-3125 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Heck, Annalisa (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78748                                  | Amount of Contribution (\$)<br><br>\$8.33                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Heck, Matthew (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78748                                   | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/09/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Heinrich, David (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Fredericksburg, TX 78624-4219                    | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/08/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Henegar, Anthony (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Irving, TX 75038                                | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 14/34 Rpt: 17/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/10/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hu, Carlus (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79938 | <b>7</b> Amount of Contribution (\$)<br><br>\$242.45       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hughes, James (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Tyler, TX 75703-1132             | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jarema, James (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Weslaco, TX 78596-6608           | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kaviani, Kevin (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77024               | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Keeton, David (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78201            | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 15/34 Rpt: 18/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kennedy, iii, PAUL (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78414 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Khoo, Tuo Sheng Joel (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78412                 | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kiening, Jennifer (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Cedar Park, TX 78613-7858                   | Amount of Contribution (\$)<br><br>\$16.67                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kiesel, Donna (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Coppell, TX 75019-9606                          | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kimes, Jonathon (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78749                              | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 16/34 Rpt: 19/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kirby, Jacob (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Tyler, TX 75703 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Knox, Jamie (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78230              | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Laborde, Elizabeth (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109        | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Latham, Celeste (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75230               | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Leever, Donald (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77063               | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 17/34 Rpt: 20/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lindsey, Brandi (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78212 | <b>7</b> Amount of Contribution (\$)<br><br>\$12.50        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lindt, Chadwick (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Decatur, TX 76234                       | Amount of Contribution (\$)<br><br>\$8.33                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Linger, Patricia (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Humble, TX 77346                       | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Loftin, Jennifer (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Alice, TX 78332                        | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lovering, James (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Hurst, TX 76054                         | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 18/34 Rpt: 21/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/14/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Markle, Travis (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Tyler, TX 75701 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Marr, Karina (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75218                    | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Marshall, Gregory (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75206-6827          | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McFarlane, John (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Austin, TX 78731                 | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mendoza, Johnathon (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Carlsbad, TX 88220-3961       | Amount of Contribution (\$)<br><br>\$12.50                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 19/34 Rpt: 22/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Meyers, Jessica (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Bellaire, TX 77401 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Meza, Jose (Dr.)<br>Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501                         | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Minott-Warren, Sharon (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Bellaire, TX 77401             | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moers-Walding, Emily (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77098               | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/07/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Molina, Juan (Dr.)<br>Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78222                   | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 20/34 Rpt: 23/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Montoya, Jose (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Rowlett, TX 75088-4571 | <b>7</b> Amount of Contribution (\$)<br><br>\$12.50        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morris, Michael (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring, TX 77379-6547                  | Amount of Contribution (\$)<br><br>\$5.00                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morton, Kayla (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Tyler, TX 75703                          | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moye, Brian (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77070                          | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Munne, Anna (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77002-9700                     | Amount of Contribution (\$)<br><br>\$5.00                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 21/34 Rpt: 24/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ne, Rita (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75244            | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/05/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Neale, William (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Wichita Falls, TX 76308                 | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Neuroth, McCluer (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75214-3601                 | Amount of Contribution (\$)<br><br>\$6.67                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nisnisan, Mary Jocelyn Elyse (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77479-8829 | Amount of Contribution (\$)<br><br>\$5.00                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>O'Keefe, Kathy (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Bellaire, TX 77401                      | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 22/34 Rpt: 25/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Okugbaye, Rita (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Willow Park, TX 76087-3204 | <b>7</b> Amount of Contribution (\$)<br><br>\$12.50        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/19/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ortiz Quiles, Luis (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78229                    | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/11/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Parker, C Steve (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78752-3733                       | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Parker, Melinda (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Denison, TX 75020                           | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/24/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Parker, Stephen (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78734-2020                       | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 23/34 Rpt: 26/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Parks, Jane (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Woodway, TX 76712 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patterson, Brendon (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573        | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Perales, Edgar (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79928-2275           | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Perkins, Eric (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77040-5795            | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Phan, Aidan (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75074                     | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 24/34 Rpt: 27/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Philip, George (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Sunnyvale, TX 75182 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Phillips, William (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75225                   | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/09/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pitarra, Sarah (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411              | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Plocheck, Janell (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76132                | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Polson, James (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Bedford, TX 76021                      | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 25/34 Rpt: 28/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Porter, Mark (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78230-4431 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Porter, Mark (Dr.)<br>Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78230-4431                   | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Porter, Shane (Dr.)<br>Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78258-4152                  | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Proctor, Christopher (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Abilene, TX 79606                    | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rader, Charles (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Victoria, TX 77901                         | Amount of Contribution (\$)<br><br>\$25.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 26/34 Rpt: 29/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rathke, Bryan (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Huntsville, TX 77340 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Revering, Brad (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Flower Mound, TX 75028-2750           | Amount of Contribution (\$)<br><br>\$33.34                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ricci, Shane (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Prosper, TX 75078                       | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/04/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rodriguez, Tyrone (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Victoria, TX 77904                 | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Roe, Jennifer (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Wimberley, TX 78676                    | Amount of Contribution (\$)<br><br>\$12.50                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 27/34 Rpt: 30/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/25/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sanders, Alix (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Mansfield, TX 76063 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schuchart, Christopher (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78249        | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Seidler, Daryl (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Cedar Hill, TX 75104                 | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shah, Sunil (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78759                        | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sheppard, Michael (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Mansfield, TX 76063               | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A1:<br>Sch: 28/34 Rpt: 31/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/21/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Simmons, Thomas (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Plano, TX 75024 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Carmen (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75243-3564               | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Soleimanzadeh Azar, Pardis (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Boerne, TX 78006       | Amount of Contribution (\$)<br><br>\$12.50                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/08/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Speck, Rachel (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77098-1919              | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Spitzer, Elizabeth (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Gatesville, TX 76528           | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>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:<br>Sch: 29/34 Rpt: 32/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stampe, Melody (Dr.)<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Richardson, TX 75082 | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stanaland, Robert (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Midland, TX 79701-6172              | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stansbury, Audrey (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Highland Village, TX 75077          | Amount of Contribution (\$)<br><br>\$2.50                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stewart, Debra (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77096-6036                 | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Street, Colton (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79413-5143                 | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 30/34 Rpt: 33/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Swinney, Madelyn (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Schertz, TX 78108 | <b>7</b> Amount of Contribution (\$)<br><br>\$12.50        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thompson, Michelle (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77054-2032            | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thompson, Scott (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75023-7934                 | Amount of Contribution (\$)<br><br>\$8.33                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tiner, Brandi (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78212                  | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Trieu, Quynh-Chi (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75230                    | Amount of Contribution (\$)<br><br>\$2.50                  |
| Principal occupation / Job title (See Instructions)<br>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:<br>Sch: 31/34 Rpt: 34/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/02/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tyson, Matthew (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Benbrook, TX 76126 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |   | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ure, Derid (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Lubbock, TX 79424                        | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Uriegas, Melissa (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504                  | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/11/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vallone, Alessandro (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Laredo, TX 78041                | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vanderbrook, Drew (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75214-2367             | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |   | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 32/34 Rpt: 35/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/03/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Villarreal, Roberto (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78261-2983 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vogel, Jonathan (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75205                                 | Amount of Contribution (\$)<br><br>\$5.00                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ward, Guadalupe (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79902                                | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wasylucha, Lorne (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75074                                 | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wear, Eric (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107                                  | Amount of Contribution (\$)<br><br>\$2.00                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 33/34 Rpt: 36/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/01/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Weedon, Kyle (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Mineola, TX 75773 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Whitworth, William (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Fredericksburg, TX 78624      | Amount of Contribution (\$)<br><br>\$5.70                  |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Willard, Joshua (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75024                  | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Williams, Claude (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75229-2936           | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/10/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Williams, Jake (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79932-2910            | Amount of Contribution (\$)<br><br>\$96.10                 |
| Principal occupation / Job title (See Instructions)<br>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:<br>Sch: 34/34 Rpt: 37/41 |
| <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960   |
| <b>4</b> Date<br>09/14/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Williamson, Blake (Dr.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Odessa, TX 79765 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dentist    |  | <b>9</b> Employer (See Instructions)                       |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Woods, Wayne (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75230                        | Amount of Contribution (\$)<br><br>\$10.00                 |
| Principal occupation / Job title (See Instructions)<br>Dentist             |  | Employer (See Instructions)                                |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wren, Kendra (Dr.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Comfort, TX 78013                       | Amount of Contribution (\$)<br><br>\$8.33                  |
| Principal occupation / Job title (See Instructions)<br>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: 38/41

2 FILER NAME

Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date

09/01/2025

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:<br>Sch: 1/2 Rpt: 39/41   | <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960  |
| <b>4</b> Date<br>08/27/2025  | <b>5</b> Payee name<br>Leigh Wambsganss Campaign   |   |
| <b>6</b> Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 94017<br><br>Southlake, TX 76092   |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                  |  |   |
| Date<br>09/11/2025   | Candidate/Officeholder name<br>Office sought<br>Office held  |   |
| Payee name<br>Phil King Campaign   |  |   |
| Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>PO Box 1913<br><br>Weatherford, TX 76086   |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |   |
| Date<br>09/11/2025   | Candidate/Officeholder name<br>Office sought<br>Office held  |   |
| Payee name<br>Trent Ashby Campaign   |  |   |
| Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>PO Box 412<br><br>Lufkin, TX 75902   |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>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:<br>Sch: 2/2 Rpt: 40/41  | <b>2</b> FILER NAME<br>Texas Dental Association Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015960  |
| <b>4</b> Date<br>09/11/2025   | <b>5</b> Payee name<br>Venton Jones Campaign   |   |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1075 Griffin St W Ste 212<br><br>Dallas, TX 75215   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/11/2025  | Payee name<br>Will Metcalf Campaign  |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>PO Box 454<br><br>Conroe, TX 77305   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign contribution |
| 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: 41/41

2 FILER NAME

Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00015960

4 Date

09/01/2025

5 Name of person from whom amount is received

First Lockhart National Bank

8 Amount (\$)

\$530.82

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

Date

09/01/2025

Name of person from whom amount is received

First Lockhart National Bank

Amount (\$)

\$2,091.08

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

Austin, TX 78748

Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer