MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00015960

2 Total pages filed: 40

3 COMMITTEE NAME
Texas Dental Association Political Action Committee

OFFICE USE ONLY
Date Received
ELECTRONICALLY FILED
11/04/2025
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

4 COMMITTEE ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
8701 W Hwy 71
Suite 201-M
Austin, TX 78735

5 CAMPAIGN TREASURER NAME
MS / MRS / MR: Dr.
FIRST: Daniel
MI:
NICKNAME:
LAST: O'Dell
SUFFIX:

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8701 W Hwy 71
Suite 201-M
Austin, TX 78735

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1946 S IH35 Ste 400

Austin, TX 78704-3644

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(512) 443-3675

9 REPORT TYPE
- [X] Monthly
- [ ] 10th day after campaign treasurer termination
- [ ] Dissolution (Attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE
- [ ] January 5
- [ ] February 5
- [ ] March 5
- [ ] April 5
- [ ] May 5
- [ ] June 5
- [ ] July 5
- [ ] August 5
- [ ] September 5
- [ ] October 5
- [X] November 5
- [ ] December 5

11 PERIOD COVERED
Month Day Year: 09/26/2025
THROUGH
Month Day Year: 10/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Dental Association Political Action Committee	00015960

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS		
	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) ☐ check here if this report qualifies for the higher itemization threshold	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 14,374.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 7,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,866,730.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 AFFIDAVIT

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

Dr. Daniel O'Dell

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

FORM MPAC
COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Texas Dental Association Political Action Committee	00015960

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 2,312.61
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$**
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$** 12,061.49
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.		SCHEDULE E: LOANS	**$**
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 7,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$** 9,986.24

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/34 Rpt: 4/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Addington, Danny (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Atlanta, TX 75551-2625	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Allen, Sarah (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Forney, TX 75126	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Alonso, Alejandro (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Socorro, TX 79927	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Alvey, Dallas (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Houston, TX 77055	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Anderton, Xochitl (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79424	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/34 Rpt: 5/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/12/2025	Arnold, Erin (Dr.)	$8.33
	6 Contributor address; City; State; Zip Code: Austin, TX 78731	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Azarnoush, Kaveh (Dr.)	$5.00
	Contributor address; City; State; Zip Code: Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Banks, John (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79109-4145	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Barron, Vivian (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Dallas, TX 75214	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/01/2025	Batarse, Allison (Dr.)	$5.00
	Contributor address; City; State; Zip Code: Houston, TX 77095	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/34 Rpt: 6/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Belean, Pompilia (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78737	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Blackmond, Heather (Dr.)	$8.33
	Contributor address; City; State; Zip Code: San Antonio, TX 78232	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Bosse, Louis-Philippe (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Houston, TX 77060	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Bourquein, Robert (Dr.)	$8.33
	Contributor address; City; State; Zip Code: Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/22/2025	Brunson, Jeffery (Dr.)	$242.45
	Contributor address; City; State; Zip Code: Austin, TX 78749-3802	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/34 Rpt: 7/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/01/2025	Buckley, George (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77025	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Calongne, Kevin (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Houston, TX 77024	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Canzoneri, Teresa (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Beaumont, TX 77706-3432	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/01/2025	Capehart, Christopher (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Lewisville, TX 75077	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/26/2025	Cardenas, Omel (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Harlingen, TX 78550	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/34 Rpt: 8/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/12/2025	Carlson, Jade (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Fort Worth, TX 76109	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/15/2025	Carr, Casey (Dr.)	$100.00
	Contributor address; City; State; Zip Code: Benbrook, TX 76126-3148	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Castillo, Miguel (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Mission, TX 78572	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/01/2025	Chan, Stephen (Dr.)	$50.00
	Contributor address; City; State; Zip Code: Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/01/2025	Chandler, Jacob (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Grapevine, TX 76051	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/34 Rpt: 9/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor	**7** Amount of Contribution ($)
10/12/2025	☐ out-of-state PAC (ID#:_____) Chappell, Garrett (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Brownfield, TX 79316	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor	Amount of Contribution ($)
10/12/2025	☐ out-of-state PAC (ID#:_____) Chong, Sonia (Dr.)	$10.00
	Contributor address; City; State; Zip Code: El Paso, TX 79936	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor	Amount of Contribution ($)
10/12/2025	☐ out-of-state PAC (ID#:_____) Conley, Emily (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Cedar Park, TX 78613	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor	Amount of Contribution ($)
10/12/2025	☐ out-of-state PAC (ID#:_____) Cook, Taylor (Dr.)	$10.00
	Contributor address; City; State; Zip Code: New Braunfels, TX 78130	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor	Amount of Contribution ($)
10/01/2025	☐ out-of-state PAC (ID#:_____) Crawford, L (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Amarillo, TX 79106	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/34 Rpt: 10/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Danna, Jodi (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Prosper, TX 75078	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Dastoor, Sarosh (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Houston, TX 77070	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/01/2025	Davis, Camie (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79423	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/16/2025	Davis, Trumon (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Henderson, TX 75654	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Davis, Yvette (Dr.)	$12.50
	Contributor address; City; State; Zip Code: El Paso, TX 79938	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 8/34 Rpt: 11/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/12/2025	Day, Francys (Dr.) Austin, TX 78731	$10.00	Dentist	
10/12/2025	De Santis, Rocco (Dr.) Kilgore, TX 75662	$10.00	Dentist	
10/13/2025	Decker, Ashley (Dr.) Weatherford, TX 76086	$10.00	Dentist	
10/14/2025	Dizon, Gabrielle (Dr.) Dallas, TX 75206	$5.00	Dentist	
10/12/2025	Dominguez, Mercedes (Dr.) Irving, TX 75063-8903	$10.00	Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 9/34 Rpt: 12/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/12/2025	Dreher, Joan (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78248	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Flanagan, Cynthia (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Houston, TX 77058	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/01/2025	Flosi, Caitlin (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/28/2025	Foreman, Claire (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78749	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/15/2025	Foreman, Jason (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78737	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 10/34 Rpt: 13/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/12/2025	Fray, David (Dr.) Irving, TX 75039	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/12/2025	Gadia, Rocelle (Dr.) McAllen, TX 78503	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/22/2025	Glenn, Randal (Dr.) Sugar Land, TX 77478	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/07/2025	Glennon, John (Dr.) Austin, TX 78738	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/12/2025	Golden, Lauren (Dr.) Crosby, TX 77532	$5.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 11/34 Rpt: 14/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/12/2025	Goldman, Elizabeth (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: McKinney, TX 75069-3385	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Graves, Cody (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Goldthwaite, TX 76844	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/28/2025	Green, Austin (Dr.)	$96.10
	Contributor address; City; State; Zip Code: Waco, TX 76712	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Hagen, Heather (Dr.)	$12.50
	Contributor address; City; State; Zip Code: Leander, TX 78641-3668	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Hampton, Darian (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Irving, TX 75063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 12/34 Rpt: 15/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Hau, Helen (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78703	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Havig, Joseph (Dr.)	$20.00
	Contributor address; City; State; Zip Code: El Paso, TX 79904-2035	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Hebert-Schoener, Stacy (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Bellaire, TX 77401-3125	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Heck, Annalisa (Dr.)	$8.33
	Contributor address; City; State; Zip Code: Austin, TX 78748	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Heck, Matthew (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78748	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 13/34 Rpt: 16/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/21/2025	☐ out-of-state PAC (ID#:_____) Heinrich, David (Dr.) Fredericksburg, TX 78624-4219	$10.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/08/2025	☐ out-of-state PAC (ID#:_____) Henegar, Anthony (Dr.) Irving, TX 75038	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
09/29/2025	☐ out-of-state PAC (ID#:_____) Hooten, Janet (Ms.) Austin, TX 78750	$48.25

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Spouse	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/12/2025	☐ out-of-state PAC (ID#:_____) Hughes, James (Dr.) Tyler, TX 75703-1132	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/01/2025	☐ out-of-state PAC (ID#:_____) Jarema, James (Dr.) Weslaco, TX 78596-6608	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 14/34 Rpt: 17/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Kaviani, Kevin (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77024	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/01/2025	Keeton, David (Dr.)	$10.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78201	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Kennedy, iii, PAUL (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78414	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Khoo, Tuo Sheng Joel (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78412	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Kiening, Jennifer (Dr.)	$16.67
	Contributor address; City; State; Zip Code: Cedar Park, TX 78613-7858	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 15/34 Rpt: 18/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/12/2025	Kiesel, Donna (Dr.) Coppell, TX 75019-9606	$10.00	Dentist	
10/12/2025	Kimes, Jonathon (Dr.) Austin, TX 78749	$10.00	Dentist	
10/12/2025	Kirby, Jacob (Dr.) Tyler, TX 75703	$10.00	Dentist	
10/01/2025	Knox, Jamie (Dr.) San Antonio, TX 78230	$10.00	Dentist	
10/12/2025	Laborde, Elizabeth (Dr.) Fort Worth, TX 76109	$10.00	Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 16/34 Rpt: 19/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
09/26/2025	Landeros, Brenda (Dr.)	$25.00
	6 Contributor address; City; State; Zip Code: Harlingen, TX 78550	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Landeros, Brenda (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Harlingen, TX 78550	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/01/2025	Latham, Celeste (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Dallas, TX 75230	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/01/2025	Leever, Donald (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Houston, TX 77063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Lindsey, Brandi (Dr.)	$12.50
	Contributor address; City; State; Zip Code: San Antonio, TX 78212	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 17/34 Rpt: 20/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Lindt, Chadwick (Dr.)	$8.33
	6 Contributor address; City; State; Zip Code: Decatur, TX 76234	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Linger, Patricia (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Humble, TX 77346	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Loftin, Jennifer (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Alice, TX 78332	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Lovering, James (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Hurst, TX 76054	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
09/30/2025	Luquis-Aponte, Wilma (Dr.)	$10.00
	Contributor address; City; State; Zip Code: El Paso, TX 79905-2841	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 18/34 Rpt: 21/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
09/30/2025	Luquis-Aponte, Wilma (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: El Paso, TX 79905-2841	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/23/2025	Luquis-Aponte, Wilma (Dr.)	$10.00
	Contributor address; City; State; Zip Code: El Paso, TX 79905-2841	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/14/2025	Markle, Travis (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Tyler, TX 75701	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Marr, Karina (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Dallas, TX 75218	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
10/12/2025	Marshall, Gregory (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Dallas, TX 75206-6827	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 19/34 Rpt: 22/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	McFarlane, John (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Austin, TX 78731	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Mendoza, Johnathon (Dr.)	$12.50
	Contributor address; City; State; Zip Code: Carlsbad, TX 88220-3961	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Meyers, Jessica (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Bellaire, TX 77401	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Meza, Jose (Dr.)	$10.00
	Contributor address; City; State; Zip Code: McAllen, TX 78501	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/03/2025	Minott-Warren, Sharon (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Bellaire, TX 77401	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 20/34 Rpt: 23/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Moers-Walding, Emily (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77098	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/07/2025	Molina, Juan (Dr.)	$10.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78222	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Montoya, Jose (Dr.)	$12.50
	Contributor address; City; State; Zip Code: Rowlett, TX 75088-4571	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Morris, Michael (Dr.)	$5.00
	Contributor address; City; State; Zip Code: Spring, TX 77379-6547	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Morton, Kayla (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Tyler, TX 75703	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 21/34 Rpt: 24/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Moye, Brian (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77070	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/15/2025	Munne, Anna (Dr.)	$5.00
	Contributor address; City; State; Zip Code: Houston, TX 77002-9700	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Ne, Rita (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Dallas, TX 75244	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/05/2025	Neale, William (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Nisnisan, Mary Jocelyn Elyse (Dr.)	$5.00
	Contributor address; City; State; Zip Code: Sugar Land, TX 77479-8829	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 22/34 Rpt: 25/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	O'Keefe, Kathy (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Bellaire, TX 77401	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Okugbaye, Rita (Dr.)	$12.50
	Contributor address; City; State; Zip Code: Willow Park, TX 76087-3204	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/11/2025	Parker, C Steve (Dr.)	$25.00
	Contributor address; City; State; Zip Code: Austin, TX 78752-3733	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Parker, Melinda (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Denison, TX 75020	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/24/2025	Parker, Stephen (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78734-2020	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 23/34 Rpt: 26/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/12/2025	Parks, Jane (Dr.) Woodway, TX 76712	$10.00	Dentist	
10/12/2025	Patterson, Brendon (Dr.) League City, TX 77573	$10.00	Dentist	
10/12/2025	Perales, Edgar (Dr.) El Paso, TX 79928-2275	$10.00	Dentist	
10/12/2025	Perkins, Eric (Dr.) Houston, TX 77040-5795	$10.00	Dentist	
10/01/2025	Phan, Aidan (Dr.) Plano, TX 75074	$10.00	Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 24/34 Rpt: 27/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/12/2025	Philip, George (Dr.) Sunnyvale, TX 75182	$10.00	Dentist	
10/12/2025	Phillips, William (Dr.) Dallas, TX 75225	$10.00	Dentist	
10/09/2025	Pitarra, Sarah (Dr.) Corpus Christi, TX 78411	$10.00	Dentist	
10/12/2025	Plocheck, Janell (Dr.) Fort Worth, TX 76132	$10.00	Dentist	
10/12/2025	Polson, James (Dr.) Bedford, TX 76021	$10.00	Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 25/34 Rpt: 28/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/12/2025	Porter, Mark (Dr.) San Antonio, TX 78230-4431	$10.00	Dentist	
10/12/2025	Porter, Mark (Dr.) San Antonio, TX 78230-4431	$10.00	Dentist	
10/12/2025	Porter, Shane (Dr.) San Antonio, TX 78258-4152	$10.00	Dentist	
10/12/2025	Proctor, Christopher (Dr.) Abilene, TX 79606	$10.00	Dentist	
10/12/2025	Rader, Charles (Dr.) Victoria, TX 77901	$25.00	Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 26/34 Rpt: 29/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/02/2025	Radwanski, Linda (Ms.)	$28.83
	6 Contributor address; City; State; Zip Code: Austin, TX 78746-1013	
8 Principal occupation / Job title (See Instructions): Spouse	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Rathke, Bryan (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Huntsville, TX 77340	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/01/2025	Ricci, Shane (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Prosper, TX 75078	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Rodriguez, Tyrone (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Victoria, TX 77904-2351	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Roe, Jennifer (Dr.)	$12.50
	Contributor address; City; State; Zip Code: Wimberley, TX 78676	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 27/34 Rpt: 30/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/07/2025	Saliba, George (Dr.)	$33.33
	6 Contributor address; City; State; Zip Code: Houston, TX 77077	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/25/2025	Sanders, Alix (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Mansfield, TX 76063	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Schuchart, Christopher (Dr.)	$10.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78249	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Seidler, Daryl (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Cedar Hill, TX 75104	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Shah, Sunil (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Austin, TX 78759	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 28/34 Rpt: 31/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Sheppard, Michael (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Mansfield, TX 76063	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/21/2025	Simmons, Thomas (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Plano, TX 75024	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Smith, Carmen (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Dallas, TX 75243-3564	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/13/2025	Soleimanzadeh Azar, Pardis (Dr.)	$12.50
	Contributor address; City; State; Zip Code: Boerne, TX 78006-2772	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/08/2025	Speck, Rachel (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Houston, TX 77098-1919	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 29/34 Rpt: 32/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10/12/2025	Spitzer, Elizabeth (Dr.) Gatesville, TX 76528	$10.00	Dentist	
10/12/2025	Stampe, Melody (Dr.) Richardson, TX 75082	$5.00	Dentist	
10/12/2025	Stanaland, Robert (Dr.) Midland, TX 79701-6172	$10.00	Dentist	
10/12/2025	Stansbury, Audrey (Dr.) Highland Village, TX 75077	$2.50	Dentist	
10/12/2025	Stewart, Debra (Dr.) Houston, TX 77096-6036	$10.00	Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 30/34 Rpt: 33/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/12/2025	Street, Colton (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Lubbock, TX 79413-5143	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Swinney, Madelyn (Dr.)	$12.50
	Contributor address; City; State; Zip Code: Schertz, TX 78108	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Thompson, Michelle (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Houston, TX 77054-2032	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Tiner, Brandi (Dr.)	$10.00
	Contributor address; City; State; Zip Code: San Antonio, TX 78212	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Trieu, Quynh-Chi (Dr.)	$2.50
	Contributor address; City; State; Zip Code: Dallas, TX 75230	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 31/34 Rpt: 34/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/02/2025	Tyson, Matthew (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Benbrook, TX 76126	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Ure, Derid (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Lubbock, TX 79424	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Uriegas, Melissa (Dr.)	$10.00
	Contributor address; City; State; Zip Code: McAllen, TX 78504	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/11/2025	Vallone, Alessandro (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Laredo, TX 78041	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Vanderbrook, Drew (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Dallas, TX 75214-2367	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 32/34 Rpt: 35/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/03/2025	Villarreal, Roberto (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78261-2983	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Vogel, Jonathan (Dr.)	$5.00
	Contributor address; City; State; Zip Code: Dallas, TX 75205	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Ward, Guadalupe (Dr.)	$10.00
	Contributor address; City; State; Zip Code: El Paso, TX 79902	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Wasylucha, Lorne (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Plano, TX 75074	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Wear, Eric (Dr.)	$2.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76107	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 33/34 Rpt: 36/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
10/01/2025	Weedon, Kyle (Dr.)	$10.00
	6 Contributor address; City; State; Zip Code: Mineola, TX 75773	
8 Principal occupation / Job title (See Instructions): Dentist	**9** Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/18/2025	Whitworth, William (Dr.)	$5.70
	Contributor address; City; State; Zip Code: Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/12/2025	Willard, Joshua (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Plano, TX 75024	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/01/2025	Williams, Claude (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Dallas, TX 75229-2936	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions):	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
10/14/2025	Williamson, Blake (Dr.)	$10.00
	Contributor address; City; State; Zip Code: Odessa, TX 79765	
Principal occupation / Job title (See Instructions): Dentist	Employer (See Instructions):	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 34/34 Rpt: 37/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)
10/21/2025	☐ out-of-state PAC (ID#:_____) Wilson, Martha (Dr.) Austin, TX 78723	$96.80

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Dentist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/12/2025	☐ out-of-state PAC (ID#:_____) Woods, Wayne (Dr.) Dallas, TX 75230	$10.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of Contribution ($)
10/12/2025	☐ out-of-state PAC (ID#:_____) Wren, Kendra (Dr.) Comfort, TX 78013	$8.33

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Dentist	

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: 38/40
2 FILER NAME Texas Dental Association Political Action Committee	**3** Filer ID (Ethics Commission Filers) 00015960

4 Date	**5** Corporation / Labor Organization name	**6** Amount ($)
10/01/2025	Texas Dental Association	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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 39/40	Texas Dental Association Political Action Committee	00015960

4 Date	5 Payee name
10/22/2025	Donna Campbell Campaign

6 Amount ($)	7 Payee address; City; State; Zip Code
$2,500.00	PO Box 171002
☐ Expenditure from corporate funds	San Antonio, TX 78217

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign contribution

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/22/2025	Todd Hunter Campaign

Amount ($)	Payee address; City; State; Zip Code
$5,000.00	445 Cape Henry Dr
☐ Expenditure from corporate funds	Corpus Christi, TX 78412

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Campaign contribution

Complete ONLY 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: 40/40

2 FILER NAME: Texas Dental Association Political Action Committee

3 Filer ID (Ethics Commission Filers): 00015960

4 Date	**5** Name of person from whom amount is received	**8** Amount ($)
09/26/2025	Donna Campbell Campaign	$2,500.00
	6 Address of person from whom amount is received; City; State; Zip Code: San Antonio, TX 78217	
	7 Purpose for which amount is received	[X] Check if political contribution returned to filer

Date	Name of person from whom amount is received	Amount ($)
10/01/2025	First Lockhart National Bank	$513.73
	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

Date	Name of person from whom amount is received	Amount ($)
10/01/2025	First Lockhart National Bank	$1,972.51
	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

Date	Name of person from whom amount is received	Amount ($)
09/26/2025	Todd Hunter Campaign	$5,000.00
	Address of person from whom amount is received; City; State; Zip Code: Corpus Christi, TX 78412	
	Purpose for which amount is received	[X] Check if political contribution returned to filer