

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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|---|---|
| 12 COMMITTEE NAME Texas Dental Association Political Action Committee | 13 Filer ID (Ethics Commission Filers) 00015960 |
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|---|--|--------------|
| 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) <input type="checkbox"/> 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) | \$ 62,556.03 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,895,469.25 |
| 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

| | | |
|---|--|---|
| 17 COMMITTEE NAME Texas Dental Association Political Action Committee | | 18 Filer ID (Ethics Commission Filers) 00015960 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 50,494.54 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ 12,061.49 |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 2,411.02 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/69 Rpt: 4/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adair, John (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620-4576 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akerman, Marina (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Spring, TX 77379-7332 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Bridger (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code El Paso, TX 79925-5897 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Charles (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2371 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Edward (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Dallas, TX 75231-4267 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/69 Rpt: 5/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/15/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amin, Ketan (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78731-4951 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrada, Rachel (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78257 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andree, Nancy (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Waco, TX 76705-5296 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Craig (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77057 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Erin (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Austin, TX 78731 | |
| 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: 3/69 Rpt: 6/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Artaza, Hugo (Dr.) 6 Contributor address; City; State; Zip Code Katy, TX 77450-6183 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aswad, Husham (Dr.) Contributor address; City; State; Zip Code San Juan, TX 78589-3798 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attar, Obadah (Dr.) Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Steven (Dr.) Contributor address; City; State; Zip Code Amarillo, TX 79109-1975 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baginski, Craig (Dr.) Contributor address; City; State; Zip Code Garland, TX 75040-2722 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/69 Rpt: 7/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Randall (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Webster, TX 77598-4326 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrington, Craig (Dr.) <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165-1874 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrington, Jennifer (Dr.) <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165-1874 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barroso, David (Dr.) <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028-4178 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Carole (Dr.) <hr/> Contributor address; City; State; Zip Code Farmersville, TX 75442-6603 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/69 Rpt: 8/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bautsch, Jerry (Dr.) 6 Contributor address; City; State; Zip Code Kingwood, TX 77339-5220 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, D. Brev (Dr.) Contributor address; City; State; Zip Code New Braunfels, TX 78130-6116 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Amy (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethke, Garrett (Dr.) Contributor address; City; State; Zip Code Katy, TX 77450-2544 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binder, David (Dr.) Contributor address; City; State; Zip Code Aransas Pass, TX 78336-1809 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/69 Rpt: 9/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Richard (Dr.) <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79905-2841 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmond, Heather (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232 | Amount of Contribution (\$) \$8.33 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Eugene (Dr.) <hr/> Contributor address; City; State; Zip Code Vidor, TX 77662-4357 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchers, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-6071 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borth, Russell (Dr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3782 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/69 Rpt: 10/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boss, Arthur (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourquein, Robert (Dr.) | Amount of Contribution (\$) \$8.33 |
| | Contributor address; City; State; Zip Code Fredericksburg, TX 78624-5002 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, James (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Orange, TX 77630-1774 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Robert (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Tyler, TX 75701-8725 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brogdon, Stephen (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-3717 | |
| 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: 8/69 Rpt: 11/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Charles (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Kerrville, TX 78028-5809 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Sammy (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Huntsville, TX 77340 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Alan (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Santa Anna, TX 76878-1901 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunch, Sheridan (Dr.) | Amount of Contribution (\$) \$2.50 |
| | Contributor address; City; State; Zip Code Liberty Hill, TX 78642-2396 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burk, Roy (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Littlefield, TX 79339 | |
| 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: 9/69 Rpt: 12/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Lisa (Dr.) 6 Contributor address; City; State; Zip Code Austin, TX 78731 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhart, William (Dr.) Contributor address; City; State; Zip Code Austin, TX 78755-8751 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burross, Steven (Dr.) Contributor address; City; State; Zip Code Wichita Falls, TX 76308-2900 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Charles (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79925-8028 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, John (Dr.) Contributor address; City; State; Zip Code Sugar Land, TX 77478-3864 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/69 Rpt: 13/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Mark (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Longview, TX 75601 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Shelley (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77024 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canzoneri, Teresa (Dr.) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Beaumont, TX 77706-3432 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carothers, Catherine (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Marcos, TX 78666-5151 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carothers, Corey (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Marcos, TX 78666-5151 | |
| 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: 11/69 Rpt: 14/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrasco, Manuel (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Odessa, TX 79765-8903 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casillas, Cynthia (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78413-3782 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castano-Rendon, Maria (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Frisco, TX 75033 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cenk, David (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code El Paso, TX 79911-3049 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cestari, Shannon (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Arlington, TX 76012-3149 | |
| 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: 12/69 Rpt: 15/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cha, Steve (Dr.) <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75071-5073 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Citrano, Ronald (Dr.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clardy, Kevin (Dr.) <hr/> Contributor address; City; State; Zip Code Brownwood, TX 76801-5942 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Pamela (Dr.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-5135 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark-Fass, Lindsey (Dr.) <hr/> Contributor address; City; State; Zip Code Ennis, TX 75119-2191 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/69 Rpt: 16/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Conrad (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-8923 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, R. Lee (Dr.) | Amount of Contribution (\$) \$120.00 |
| | Contributor address; City; State; Zip Code Sugar Land, TX 77478-5358 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, George (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fredericksburg, TX 78624-3393 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Debra (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Bedford, TX 76022 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Ron (Dr.) | Amount of Contribution (\$) \$150.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77072-1340 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/69 Rpt: 17/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/10/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condrey, Greg (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-4916 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Monte (Dr.) <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Taylor (Dr.) <hr/> Contributor address; City; State; Zip Code Bryan, TX 77802-2225 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coury, Kirk (Dr.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75062-2834 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Joseph (Dr.) <hr/> Contributor address; City; State; Zip Code Clyde, TX 79510-3352 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/69 Rpt: 18/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, David (Dr.) | 7 Amount of Contribution (\$) \$10.00 |
| 6 Contributor address; City; State; Zip Code Spring Branch, TX 78070 | | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crabtree, Ronald (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Katy, TX 77494-3596 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crise, Stephanie (Dr.) | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75072-5107 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croley, Thomas (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Lufkin, TX 75904-4531 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronin Barron, Elyse (Dr.) | Amount of Contribution (\$) \$33.33 |
| Contributor address; City; State; Zip Code Austin, TX 78759-4041 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/69 Rpt: 19/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/25/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D'Alfonso, Robert (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Lakeway, TX 78734-3910 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Delaine (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Gilmer, TX 75644-2355 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Dick (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Laredo, TX 78041-6512 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davoody, Amirparviz (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77025-1121 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawod, Haysam (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2604 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/69 Rpt: 20/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Paz, Dacen (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Harker Heights, TX 76548-7406 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deering, Bart (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Rowlett, TX 75088-4248 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denison, Candice (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Tyler, TX 75703-5578 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Do, Thuydung (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Arlington, TX 76016 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, James (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Marcos, TX 78666-7113 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/69 Rpt: 21/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drennan, Terry (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-1867 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehsani, Sara (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78701-4910 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Edward (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78229-3923 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elmore, Brooke (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Italy, TX 76651-3590 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Adalberto (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Mission, TX 78572-4348 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/69 Rpt: 22/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Phillip (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Midland, TX 79701-5928 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Findley, John (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75074-6302 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Mary (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Aransas Pass, TX 78336-4521 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Sean (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Kingwood, TX 77345-2228 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleshman, Brandon (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Texas City, TX 77590-4602 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/69 Rpt: 23/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fourrier, Lionel (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Waller, TX 77484-8263 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Lisa (Dr.) | Amount of Contribution (\$) \$33.33 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78418-3059 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuqua, Steven (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Southlake, TX 76092-7623 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuqua, Tonya (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Southlake, TX 76092-7623 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furqueron, Buddy (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Lindale, TX 75771-3300 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/69 Rpt: 24/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Carlos (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77092 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricardo (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code McAllen, TX 78501-2436 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, David (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Woodway, TX 76712-7927 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerlach, William (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Prosper, TX 75078-9286 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Jerome (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78218-3075 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/69 Rpt: 25/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Kathy (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77054-2032 | | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giddings, Clark (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Stephenville, TX 76401-1805 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gies, Lavoyger (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code San Antonio, TX 78251-2811 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesler, Cody (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Atlanta, TX 75551 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesler, Lanny (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Atlanta, TX 75551-3402 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/69 Rpt: 26/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giesler, Michael (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Atlanta, TX 75551-3402 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluski, Kenneth (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Galveston, TX 77550-4407 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Iven (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code El Paso, TX 79907 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Robert (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Brownwood, TX 76801 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gossett, James (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code New Braunfels, TX 78132 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/69 Rpt: 27/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Austin (Dr.) | 7 Amount of Contribution (\$) \$96.10 |
| | 6 Contributor address; City; State; Zip Code Woodway, TX 76712-3866 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Nikki (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76107-5020 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Preston (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Woodway, TX 76712-6494 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greer, Sydney (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Woodway, TX 76712-6494 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Andra (Dr.) | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Snyder, TX 79549-4630 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/69 Rpt: 28/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gres, John (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Giddings, TX 78942 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, George (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78212-5260 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamlett, Kenneth (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75205-1419 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamner, Megan (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Kilgore, TX 75662-2966 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Michael (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Killeen, TX 76543-4153 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/69 Rpt: 29/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassell, Gene (Dr.) | 7 Amount of Contribution (\$) \$175.00 |
| | 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660-2994 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Shad (Dr.) | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75074-5846 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hau, Helen (Dr.) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78703 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hearrean, Daniel (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77494-3962 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Annalisa (Dr.) | Amount of Contribution (\$) \$8.33 |
| | Contributor address; City; State; Zip Code Austin, TX 78748 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/69 Rpt: 30/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinrich-Null, Lisa (Dr.) | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code Victoria, TX 77904-1513 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heller, Grant (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Victoria, TX 77904-2351 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Stanton (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78717-4875 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrington, Jay (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Palestine, TX 75801-4780 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herwig, Larry (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75225-5525 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/69 Rpt: 31/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heuszel, Harold (Dr.) 6 Contributor address; City; State; Zip Code Houston, TX 77077-6866 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ron (Dr.) Contributor address; City; State; Zip Code Houston, TX 77027 | Amount of Contribution (\$) \$120.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinds, Dena (Dr.) Contributor address; City; State; Zip Code Woodway, TX 76712-3866 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.) Contributor address; City; State; Zip Code Katy, TX 77494 | Amount of Contribution (\$) \$187.10 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.) Contributor address; City; State; Zip Code Katy, TX 77494-3962 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/69 Rpt: 32/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoerster, Zachary (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624-3130 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollander, Eric (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759-8964 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horner, Sandra (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76135 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howe, John (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Missouri City, TX 77459 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Mark (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78266-2516 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/69 Rpt: 33/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huber, Michael (Dr.) <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78229 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Elizabeth (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-1929 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsaker, Harry (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77030-1929 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunsucker, Bob (Dr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3449 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Howard (Dr.) <hr/> Contributor address; City; State; Zip Code Del Rio, TX 78840-0308 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/69 Rpt: 34/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Jessie (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Allen, TX 75013-2814 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurd, Michael (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Baytown, TX 77521-3181 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchins, Wesley (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Brownwood, TX 76801-5900 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Thomas (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77079-1257 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Chad (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Wichita Falls, TX 76308-2900 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/69 Rpt: 35/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Jenner (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Sulphur Springs, TX 75482-2617 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janosek, Joseph (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78411-5364 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Bruce (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78705-3539 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaynes, Elizabeth (Dr.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75023-5944 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Brad (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77079-7220 | |
| 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: 33/69 Rpt: 36/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kerry (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Cypress, TX 77433-5337 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahla, Jodi (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Jasper, TX 75951-4119 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karr, Thomas (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Amarillo, TX 79119-6406 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Stephen (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaye, Aline (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75205-4172 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/69 Rpt: 37/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Kelly (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78751 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keneson, Joe (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Silsbee, TX 77656 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Dan (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Little Elm, TX 75068 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerby, Clifton (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Paris, TX 75460-3448 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keys, Kevin (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Childress, TX 79201-3334 | |
| 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: 35/69 Rpt: 38/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.) | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78749 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78738-5530 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78738-5530 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Shelby (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78748-1727 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Tim (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Granbury, TX 76048-6616 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 36/69 Rpt: 39/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kooker, Kirk (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Plano, TX 75093-8118 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kostohryz, David (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-1512 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Kenneth (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78212-1905 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhl, Eric (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78232-3712 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhlman, Timothy (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78414-3477 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/69 Rpt: 40/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuma, Scott (Dr.) | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Waco, TX 76712 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Croix, Stanley (Dr.) | Amount of Contribution (\$) \$60.00 |
| | Contributor address; City; State; Zip Code West Lake Hills, TX 78746-6458 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landeros, Brenda (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Harlingen, TX 78550 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lansden, Sheala (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code McGregor, TX 76657-4156 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latiolais, Trey (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Daingerfield, TX 75638-1030 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/69 Rpt: 41/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latta, Paul (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Tyler, TX 75701-2124 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laun, Michael (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Rockwall, TX 75087-3236 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Christine (Dr.) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76106-5106 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lea, James (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Grand Saline, TX 75140-1758 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Ronald (Dr.) | Amount of Contribution (\$) \$187.10 |
| | Contributor address; City; State; Zip Code Colleyville, TX 76034-5905 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/69 Rpt: 42/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leisch, Jarrod (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Whitehouse, TX 75791-9358 | | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Aaron (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Mineral Wells, TX 76067-5450 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liao, Henry (Dr.) | Amount of Contribution (\$) \$850.00 |
| Contributor address; City; State; Zip Code Plano, TX 75074 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Candace (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code College Station, TX 77845-5956 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindt, Chadwick (Dr.) | Amount of Contribution (\$) \$8.33 |
| Contributor address; City; State; Zip Code Decatur, TX 76234-3721 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/69 Rpt: 43/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, David (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78263 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovoi, John (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code League City, TX 77573-2988 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luquis-Aponte, Wilma (Dr.) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code El Paso, TX 79905-2841 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machado, Irelia (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Lewisville, TX 75077-7065 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackie, Kurt (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Boerne, TX 78006-2483 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 41/69 Rpt: 44/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/10/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahmood, Laith (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marino, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, Herbert (Dr.) <hr/> Contributor address; City; State; Zip Code Desoto, TX 75115-4508 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Ralph (Dr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2627 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-3920 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 42/69 Rpt: 45/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, John (Dr.) | 7 Amount of Contribution (\$) \$1,200.00 |
| | 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411-3972 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Lisa B. (Dr.) | Amount of Contribution (\$) \$120.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78216-4361 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Will (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Chandler, TX 75758-2283 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCabe, Marquel (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78217-4661 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCandless, Georganne (Dr.) | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Tomball, TX 77375 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 43/69 Rpt: 46/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCluer, Charles (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-6861 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Edwin (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75023 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKaskle, Derek (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Katy, TX 77494-5447 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKewen, Taylor (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Lufkin, TX 75904 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLane, James (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78749-4015 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 44/69 Rpt: 47/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLemore, F (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Weatherford, TX 76086-6544 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Danette (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Rockwall, TX 75032-6514 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Christina Marie (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78252 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menendez, Silvia (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code El Paso, TX 79912-7096 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Rafael (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78216-3553 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 45/69 Rpt: 48/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midkiff, David (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Lubbock, TX 79413-5741 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Donna (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Woodway, TX 76712-3866 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, J (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Plano, TX 75093-3634 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, L (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Plano, TX 75093-3634 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Juan (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78222-3531 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 46/69 Rpt: 49/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Marty (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78752 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya-Nino, Luz (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77027-7320 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Davis (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Lubbock, TX 79424-7127 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Laura (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Waxahachie, TX 75165-1430 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Robert (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Richardson, TX 75080-3543 | |
| 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: 47/69 Rpt: 50/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mund, Arthur (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76132-3695 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Kurt (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Boerne, TX 78006-2853 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najera, Michael (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code El Paso, TX 79912-5764 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Shelby (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76107-3355 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78228 | |
| 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: 48/69 Rpt: 51/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/10/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando A. (Dr.) | 7 Amount of Contribution (\$) \$10.00 |
| 6 Contributor address; City; State; Zip Code San Antonio, TX 78228-5500 | | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Natalee (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75214-3161 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Raymond (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code San Angelo, TX 76904-5298 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Dell, Daniel (Dr.) | Amount of Contribution (\$) \$1,871.00 |
| Contributor address; City; State; Zip Code San Marcos, TX 78666-5517 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Packer, Keith (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code El Paso, TX 79912-6654 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 49/69 Rpt: 52/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, C (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Austin, TX 78752-3733 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Stephen (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78734-2020 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmer, David (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76244-9059 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peppard, Richard (Dr.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78759-8672 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Juvencio (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78414-6356 | |
| 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: 50/69 Rpt: 53/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Maria (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77338-2444 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104-2716 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philp, Dianne (Dr.) <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654-4202 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillers, Gary (Dr.) <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Alisha (Dr.) <hr/> Contributor address; City; State; Zip Code Azle, TX 76020-2516 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 51/69 Rpt: 54/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Jackson (Dr.) | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Beaumont, TX 77706-7860 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poticny, Daniel (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Grand Prairie, TX 75052-5000 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Richard (Dr.) | Amount of Contribution (\$) \$120.00 |
| | Contributor address; City; State; Zip Code Helotes, TX 78023 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Stewart (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Waxahachie, TX 75165 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Carol (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77008 | |
| 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: 52/69 Rpt: 55/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Gilbert (Dr.) 6 Contributor address; City; State; Zip Code Porter, TX 77365-2190 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdy, John (Dr.) Contributor address; City; State; Zip Code El Paso, TX 79925-6793 | Amount of Contribution (\$) \$187.10 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putthoff, Susan (Dr.) Contributor address; City; State; Zip Code Kerrville, TX 78028-3325 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quante, Anthony (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78228-2101 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ragsdale, Judith (Dr.) Contributor address; City; State; Zip Code Bullard, TX 75757-8819 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 53/69 Rpt: 56/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Michael Andrew (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75205 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralstin, William (Dr.) | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-1852 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashall, Gregory (Dr.) | Amount of Contribution (\$) \$120.00 |
| | Contributor address; City; State; Zip Code Liberty, TX 77575 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reece, Michael (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Bryan, TX 77802-3301 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reel, Harold (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Angelo, TX 76903-7245 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 54/69 Rpt: 57/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reisman, James (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75231-5985 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rendon, Juan (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Frisco, TX 75033-2963 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, John (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Conroe, TX 77304-4566 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, David (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Victoria, TX 77904-2351 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, William (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78258-4091 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 55/69 Rpt: 58/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Richardson, TX 75080-2981 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Matthew (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Crockett, TX 75835-0683 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Barry (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Port Arthur, TX 77642-2116 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roden, Ricky (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Hereford, TX 79045-5202 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jesus (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Levelland, TX 79336-5317 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 56/69 Rpt: 59/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Victor (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77058-2768 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roe, Jason (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Plano, TX 75093-4460 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, Ronny (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Nederland, TX 77627-6057 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Paul (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78229 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runyon, William (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-1512 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 57/69 Rpt: 60/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruthven, Glenn (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Mason, TX 76856 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rydel, Summer (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Austin, TX 78735-8196 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saliba, George (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77077 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Charles (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Amarillo, TX 79124-2105 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scaff, Brian (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Austin, TX 78750-1935 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 58/69 Rpt: 61/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheideman, Gregory (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-1512 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlattman, Russell (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Houston, TX 77069-2650 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Laura (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Cypress, TX 77433 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schreiner, James (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Keller, TX 76248-2433 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Meredith (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Webster, TX 77598-4300 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 59/69 Rpt: 62/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shambarger, Sandra (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Texarkana, TX 75503-2193 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharfae, Benjamin (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78749-1970 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharfae, Magnolia (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78749-1970 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shetty, Divya (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78723 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Stephanie (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Waxahachie, TX 75165-1631 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 60/69 Rpt: 63/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 11/29/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siripanyo, Sommay (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Fort Worth, TX 76111-2903 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Benjamin (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Webster, TX 77598-4366 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Joe (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Tyler, TX 75703-3950 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Richard (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Amarillo, TX 79119-6667 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Steven (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Corpus Christi, TX 78411-2371 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 61/69 Rpt: 64/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sowers, Samuel (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Midland, TX 79708-8870 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, James (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Paris, TX 75460-3448 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sponenberg, John (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Mexia, TX 76667 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stocker, Martin (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78703-1320 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, Brett (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78717-5456 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 62/69 Rpt: 65/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuchlik, Katie (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swenson, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code El Campo, TX 77437-3449 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swift, Mary (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231-2379 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinney, Chip (Dr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703-6111 | Amount of Contribution (\$) \$1,200.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanur, Eduardo (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-7165 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 63/69 Rpt: 66/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, David (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code McAllen, TX 78503-1793 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Gary (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Denton, TX 76201-2660 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Kayleigh (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Tyler, TX 75701-9421 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Tommy (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76103 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, W (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75225-6200 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 64/69 Rpt: 67/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truong, Diep (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75204-5525 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valadez, Roel (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Alice, TX 78332 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Wicklen, Steven (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78704-7990 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vardeman, Fortuna (Dr.) | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Schertz, TX 78154-1138 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughan, James (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Amarillo, TX 79106-3333 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 65/69 Rpt: 68/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voigtel, Richard (Dr.) | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Belton, TX 76513-2656 | | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waggener, Thomas (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Waco, TX 76710 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Christa (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Fort Worth, TX 76244-6700 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Candy (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Cookville, TX 75558-4013 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, David (Dr.) | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Big Spring, TX 79720-4441 | | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 66/69 Rpt: 69/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Stephen (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479-3150 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, John (Dr.) | Amount of Contribution (\$) \$1,200.00 |
| | Contributor address; City; State; Zip Code Odessa, TX 79761-3034 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wedin, John (Dr.) | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Sweetwater, TX 79556-2503 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedon, Kyle (Dr.) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Mineola, TX 75773-2108 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinman, Janice (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Seguin, TX 78155-5216 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 67/69 Rpt: 70/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Lindsey Luann (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77018 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.) | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78209 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitworth, Katie (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Fredericksburg, TX 78624-3245 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Rex (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code North Richland Hills, TX 76180-7234 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Michael (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78731 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 68/69 Rpt: 71/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winarick, Wendy (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Waco, TX 76710-2964 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 11/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worsham, Debrah (Dr.) | Amount of Contribution (\$) \$1,871.00 |
| | Contributor address; City; State; Zip Code Center, TX 75935-4321 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.) | Amount of Contribution (\$) \$8.33 |
| | Contributor address; City; State; Zip Code Comfort, TX 78013 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Comfort, TX 78013-0096 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Marshall (Dr.) | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Weatherford, TX 76086 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 69/69 Rpt: 72/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yi, Sul Ki (Dr.) | 7 Amount of Contribution (\$) |
| | 6 Contributor address; City; State; Zip Code Edinburg, TX 78539-4331 | |
| 8 Principal occupation / Job title (See Instructions) Dentist | | 9 Employer (See Instructions) |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yost, Michael (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code San Antonio, TX 78211-3793 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Jeremy (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Northlake, TX 76226 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Jason (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Fort Worth, TX 76109-1811 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |
| Date 12/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoumboukos, Kathryn (Dr.) | Amount of Contribution (\$) |
| | Contributor address; City; State; Zip Code Austin, TX 78749-1977 | |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) |

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C4: Sch: 1/1 Rpt: 73/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/01/2025 | 5 Corporation / Labor Organization name Texas Dental Association | 6 Amount (\$) 12,061.49 |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 74/74 |
| 2 FILER NAME Texas Dental Association Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00015960 |
| 4 Date 12/01/2025 | 5 Name of person from whom amount is received First Lockhart National Bank | 8 Amount (\$) \$513.77 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78748 | |
| | 7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 12/01/2025 | Name of person from whom amount is received First Lockhart National Bank | Amount (\$) \$1,897.25 |
| | Address of person from whom amount is received; City; State; Zip Code Austin, TX 78748 | |
| | Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer | |