



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Dental Association Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00015960
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,348.63
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 500.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,910,388.21
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Dr. Daniel O'Dell  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Dental Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015960
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,214.82
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	\$ 13,133.81
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,503.30

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/76 Rpt: 4/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Addington, Danny (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Atlanta, TX 75551-2625	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Jeff (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77063-7229	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Sarah (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75246-1736	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alonso, Alejandro (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Socorro, TX 79927-4655	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvarez, Marcela (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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/76 Rpt: 5/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvey, Dallas (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77055	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderton, Xochitl (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79424-7837	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ansari, Afreen (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77076-3522	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arnold, Erin (Dr.)	Amount of Contribution (\$) \$8.37
	Contributor address; City; State; Zip Code  Austin, TX 78731-2901	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azarnoush, Kaveh (Dr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613-2276	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/76 Rpt: 6/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Banks, John (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Amarillo, TX 79109	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barron, Vivian (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75214	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beckel, Bradly (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)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bekish, Daniel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belean, Pompilia (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Austin, TX 78737-2805	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/76 Rpt: 7/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Beto, Michael (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  San Antonio, TX 78251-9619	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Binz, Keithley (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229-4401	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bisquerra, Jose (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-2401	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackmond, Heather (Dr.)	Amount of Contribution (\$) \$8.37
	Contributor address; City; State; Zip Code  San Antonio, TX 78211-3213	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bork, Rebecca (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Allen, TX 75013-3342	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/76 Rpt: 8/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bosse, Louis-Philippe (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77060-1307	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bostick, Britt (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79413-3859	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bourland, Thomas (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230-5428	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bourquein, Robert (Dr.)	Amount of Contribution (\$) \$8.37
	Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Branch, Warren (Dr.)	Amount of Contribution (\$) \$100.00
	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/76 Rpt: 9/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/21/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Britain, Steven (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-1914	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brockhoff, Hans (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79925-2203	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Philip (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Spring, TX 77381-3592	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brumbaugh, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75205-4176	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buckley, George (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77025	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/76 Rpt: 10/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burke, Linda (Dr.)	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Harlingen, TX 78550-7191	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burke, Vernon (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Butler, Jennifer (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Webster, TX 77598-4366	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Byler, Richard (Dr.)	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  Lufkin, TX 75904-3050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calongne, Kevin (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-4050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/76 Rpt: 11/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capehart, Christopher (Dr.) ..... 6 Contributor address; City; State; Zip Code  Lewisville, TX 75077-3027	7 Amount of Contribution (\$)  \$10.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capps, Chad (Dr.) ..... Contributor address; City; State; Zip Code  Rockwall, TX 75032	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capua, Kimberley (Dr.) ..... Contributor address; City; State; Zip Code  Carrollton, TX 75007-3955	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Omel (Dr.) ..... Contributor address; City; State; Zip Code  Harlingen, TX 78550-9154	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlson, Jade (Dr.) ..... Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1867	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/76 Rpt: 12/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlton, Kevin (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Abilene, TX 79606-3363	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carpenter, Dave (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77706-3026	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carwile, David (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356-6046	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casler, Joel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79410	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castell, Ian (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Brownsville, TX 78526	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/76 Rpt: 13/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castillo, Miguel (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mission, TX 78572-6049	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavazos, Claudia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Laredo, TX 78045-8129	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Stephen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028-1300	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapman, Alissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chappell, Garrett (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brownfield, TX 79316-4006	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/76 Rpt: 14/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chong, Sonia (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936-6242	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chowning, Rodney (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Denton, TX 76210-0139	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clegg, Stephen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kerrville, TX 78028	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clitheroe, R. Lee (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Sugar Land, TX 77478-5358	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Ademola (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75212	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/76 Rpt: 15/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Stacy (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-7640	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collier, Mary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McKinney, TX 75070-7528	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colter, Jennifer (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75244-8032	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley, Emily (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613-2276	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Taylor (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/76 Rpt: 16/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooley, Ralph (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77304-1340	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooley, Ralph A. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77054	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cottongame, Colby (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Waxahachie, TX 75165-1214	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Crawford, L (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79106-4736	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Criss, Jennifer (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Nacogdoches, TX 75961-4312	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/76 Rpt: 17/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cunningham, Carly (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620-5268	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cunningham, Russell (Dr.) <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78734	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Curry, Andrew (Dr.) <hr/> Contributor address; City; State; Zip Code  Texarkana, TX 75503-3013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Curtis, David (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-5362	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cutbirth, Steven (Dr.) <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710-2908	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/76 Rpt: 18/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danna, Jodi (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-1929	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dastoor, Sarosh (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77070	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Camie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79413-5760	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Longview, TX 75604-3602	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Francys (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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/76 Rpt: 19/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) De Santis, Rocco (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Kilgore, TX 75662-5950	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Distefano, Scott (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Longview, TX 75605-0038	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dizon, Gabrielle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75206-1897	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dominguez, Mercedes (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75039-3833	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dreher, Joan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78248-2330	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/76 Rpt: 20/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Duncan, James (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Portland, TX 78374-3317	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunlap, Francis (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77079-2008	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eaddy, Daniel (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738-1827	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elizondo, John (Dr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1720	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elrod, Scott (Dr.) <hr/> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566-5124	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/76 Rpt: 21/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elwazeer, Salma (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79905-2841	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eng, Kuo (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77084-3402	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/01/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Estrada, Edward (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77381	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ettelbrick, Kelli (Dr.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-4253	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/22/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fanous, Ramsey (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Lubbock, TX 79424-8394	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/76 Rpt: 22/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Cynthia (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77058	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fleitas, David (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78220-0698	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foreman, Claire (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737-5504	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foreman, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-6501	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Allison (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/76 Rpt: 23/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fray, David (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054-2032	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frels, Leslie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Victoria, TX 77904-1218	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Furchtgott, Natasha (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79925-2203	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garcia, Marcos (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78413-3782	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garza, Celina (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78211-1406	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/76 Rpt: 24/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Jason (Dr.)	<b>7</b> Amount of Contribution (\$)  \$33.34
<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212-2024		
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Gayle (Dr.)	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Dallas, TX 75246-2013		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glennon, John (Dr.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Austin, TX 78738		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goehring, Dennis (Dr.)	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78745-1603		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Lauren (Dr.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Crosby, TX 77532		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/76 Rpt: 25/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goldman, Elizabeth (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75069-3385	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golshani, Ali (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78738-1257	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gomez, Gerzain (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Nederland, TX 77627-3949	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzales, Kelly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Georgetown, TX 78628-2420	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Demetrio (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1905	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/76 Rpt: 26/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Jocelyn (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mercedes, TX 78570-5022	<b>7</b> Amount of Contribution (\$)  \$16.67
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goodwin, Kristin (Dr.) <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76901-3231	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goodwin, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75022-4232	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gott, Karen (Dr.) <hr/> Contributor address; City; State; Zip Code  Lindale, TX 75771-1676	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78218-6061	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/76 Rpt: 27/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graves, Cody (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Goldthwaite, TX 76844	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Austin (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 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenwood, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75230-2787	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregerson, Jeffrey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613-2550	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gregory, Holly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Humble, TX 77338-5720	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/76 Rpt: 28/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haddad, Matthew (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Pasadena, TX 77505-3757	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Darian (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75287	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrelson, Kelly (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Roanoke, TX 76262-3620	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/09/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris, Bradley (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Conroe, TX 77304-3520	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Jana (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024-3264	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/76 Rpt: 29/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Thomas (Dr.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054-2032	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/09/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hatfield, Lawrence (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  La Grange, TX 78945-1926	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hattaway, Richard (Dr.)	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Carrollton, TX 75010-1021	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hattaway, Shad (Dr.)	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074-5846	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hau, Helen (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Round Rock, TX 78665-1518	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/76 Rpt: 30/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haug, Gloria (Dr.)	<b>7</b> Amount of Contribution (\$)  \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Gonzales, TX 78629	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haynes, Kimberly (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Harker Heights, TX 76548-3335	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert-Schoener, Stacy (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401-3125	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hebert-Schoener, Stacy (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Bellaire, TX 77401-3125	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heck, Annalisa (Dr.)	Amount of Contribution (\$)  \$8.37
	Contributor address; City; State; Zip Code  Austin, TX 78748	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/76 Rpt: 31/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heck, Matthew (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78748-5704	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/19/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Fred (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Palestine, TX 75801-4780	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hernandez, Graciela (Dr.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77025-5946	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, Ron (Dr.)	<b>Amount of Contribution (\$)</b> \$120.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77027	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Duc (Dr.)	<b>Amount of Contribution (\$)</b> \$187.10
	<b>Contributor address; City; State; Zip Code</b>  Katy, TX 77494	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 29/76 Rpt: 32/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hollinger, Samantha (Dr.) ..... 6 Contributor address; City; State; Zip Code  Austin, TX 78703-4791	7 Amount of Contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hom, Jeffrey (Dr.) ..... Contributor address; City; State; Zip Code  Austin, TX 78745-1411	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hooks, Roy (Dr.) ..... Contributor address; City; State; Zip Code  Spring, TX 77389-5153	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, James (Dr.) ..... Contributor address; City; State; Zip Code  Tyler, TX 75703-1132	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hunsaker, Keely (Dr.) ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1512	Amount of Contribution (\$)  \$1,871.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/76 Rpt: 33/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Irving, Joseph (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2715	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Laji (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77082-2456	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Janssen, Dustin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Lubbock, TX 79424-5315	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Kyle (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Plano, TX 75023-5946	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Marshall (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Plano, TX 75023-5944	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/76 Rpt: 34/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/14/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Matthew (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78722-2441	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnston, Blake (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79424-8316	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jolliff, Susan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brady, TX 76825-6936	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Jason (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Odessa, TX 79765-8533	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Varun (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Plano, TX 75023-7875	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/76 Rpt: 35/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jung, Soong-Ryong (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024-3381	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaiser, Jina (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code  Dallas, TX 75225-5936	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Katz, Jerry (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78759-8970	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaviani, Kevin (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-6050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keepers, Deborah (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Helotes, TX 78023-3726	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/76 Rpt: 36/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/07/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kelp, John (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, PAUL (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)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khoo, Tuo Sheng Joel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kiesel, Donna (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Coppell, TX 75019-9606	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, H. Chu (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77027-3103	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/76 Rpt: 37/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, Phil (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimes, Jonathon (Dr.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78749	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimes, Jonathon (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78749-6522	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimes, Patricia (Dr.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738-5530	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kines-McLeod, Gwendolyn (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Terrell, TX 75160-2549	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/76 Rpt: 38/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Jered (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-4439	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Traci (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79605-7029	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) La Croix, Stanley (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-6458	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) La Mastra, Salvator (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75225-6524	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laborde, Elizabeth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/76 Rpt: 39/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Landeros, Brenda (Dr.)	<b>7</b> Amount of Contribution (\$)  \$8.37
	<b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550-9154	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leatherwood, Samantha (Dr.)	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Denton, TX 76210-4652	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Ronald (Dr.)	<b>Amount of Contribution (\$)</b>  \$187.10
	<b>Contributor address; City; State; Zip Code</b>  Colleyville, TX 76034-5905	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/06/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemke, Kelly (Dr.)	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78229-3901	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, Jeffrey (Dr.)	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77057-6205	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/76 Rpt: 40/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lim, Rachel (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Baytown, TX 77523-1201	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lindt, Chadwick (Dr.) <hr/> Contributor address; City; State; Zip Code  Decatur, TX 76234-3721	Amount of Contribution (\$)  \$8.37
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linger, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346-2943	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Litizzette-Witzel, Nicole (Dr.) <hr/> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746-6490	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Locke, Corbet (Dr.) <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712-3477	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/76 Rpt: 41/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loftin, Jennifer (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alice, TX 78332-3846	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lonquist, Paul (Dr.) <hr/> Contributor address; City; State; Zip Code  Farmers Branch, TX 75234	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louviere, Jared (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230-4048	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lovering, James (Dr.) <hr/> Contributor address; City; State; Zip Code  Hurst, TX 76054-3439	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowe, Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77505-4220	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/76 Rpt: 42/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lozano, Angelica (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229-4401	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/23/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luquis-Aponte, Wilma (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79905-2841	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/05/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lutke, Gregory (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093-5738	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lutonsky, James (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Conroe, TX 77304	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/18/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lyons, Lindsey (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79119-6299	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/76 Rpt: 43/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mack, Madison (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75605-2948	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mack, Samuel (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Longview, TX 75605	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maestas, Tanya Sue (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  El Paso, TX 79907	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado, Yvonne (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  El Paso, TX 79932-2114	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mallory, Daniel (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Decatur, TX 76234	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 41/76 Rpt: 44/82
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marr, Karina (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Dallas, TX 75218-3437	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marshall, Gregory (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Greenville, TX 75402-6309	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marteeny, Angela (Dr.)	Amount of Contribution (\$) \$33.34
	Contributor address; City; State; Zip Code  Alvin, TX 77511-2976	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Eddy (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Richard (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code  Lewisville, TX 75057-3628	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/76 Rpt: 45/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Joel (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501-4639	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masera, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Masters, Lisa B. (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216-4361	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCown, Brett (Dr.) <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155-7504	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McFarlane, John (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-6407	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/76 Rpt: 46/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/02/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuire, Richardson (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731-5815	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McPhillips, Andrea (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Stephenville, TX 76401-1850	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McQuade, LeeAnn (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2026	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 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mejia-Maidl, Martha (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79925-6512	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/76 Rpt: 47/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Jessica (Dr.)	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401-4015		
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meza, Jose (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  McAllen, TX 78501-2355		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Carl (Dr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  League City, TX 77573-6431		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Charles (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, James (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Irving, TX 75038-3454		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/76 Rpt: 48/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mills, David (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Rockport, TX 78381-1329	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moers-Walding, Emily (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77098-4011	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mohd Najib, Sonia (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79936-5177	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Shane (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Dumas, TX 79029-2405	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Mark (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Waxahachie, TX 75165-4706	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/76 Rpt: 49/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Michael (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379-6547	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Kayla (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75703-6111	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moye, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77070-6208	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muegge, Aaron (Dr.) <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904-1742	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mueller, Christina (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/76 Rpt: 50/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/24/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munoz, Salvador (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041-6143	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nabors, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287-5146	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Neil, Karen (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-1911	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) New, Mark (Dr.) <hr/> Contributor address; City; State; Zip Code  Valley Mills, TX 76689-2201	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nguyen, Minh (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494-7617	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/76 Rpt: 51/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niebla, Armando A. (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78228-5500	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nieves, Francisco (Dr.) <hr/> Contributor address; City; State; Zip Code  Granbury, TX 76048-1486	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nisnisan, Mary Jocelyn Elyse (Dr.) <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77469	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Noble, Joseph (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216-6131	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Keefe, Kathy (Dr.) <hr/> Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/76 Rpt: 52/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ogletree, Lynette (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75703-5812	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ogunbameru, Aderonke (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mansfield, TX 76063-2363	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olson Triska, Katherine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Beaumont, TX 77706-3899	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Onime, Olakunbi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75703-0720	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orfanos, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77024	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/76 Rpt: 53/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Orlandi, Gino (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78247	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortiz, Roger (Dr.)	<b>Amount of Contribution (\$)</b> \$33.34
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortiz Quiles, Luis (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Georgetown, TX 78626-2085	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Overstreet, Meredith (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78745-1411	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/02/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Glenda (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77007-2286	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/76 Rpt: 54/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/06/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paredes, Samuel (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79902-2918	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Melinda (Dr.) <hr/> Contributor address; City; State; Zip Code  Denison, TX 75020-2034	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734-2020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parks, Jane (Dr.) <hr/> Contributor address; City; State; Zip Code  Woodway, TX 76712-7927	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parks, Willie (Dr.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75701-2017	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/76 Rpt: 55/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patel, Chirag (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75033-6705	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Brendon (Dr.) <hr/> Contributor address; City; State; Zip Code  League City, TX 77573-1551	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pavelka, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75023-5946	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perkins, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040-5795	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phair, Milton (Dr.) <hr/> Contributor address; City; State; Zip Code  Burnet, TX 78611-2301	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/76 Rpt: 56/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Philbert, Rawle (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75390-7208	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Philip, George (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Sunnyvale, TX 75182-9382	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, William (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75225-6301	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pirtle, Jordan (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Brownsville, TX 78526-4335	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/07/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitarra, Sarah (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78411-4439	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/76 Rpt: 57/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plocheck, Janell (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4111	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Polk, Aaron (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Scottsdale, TX 85254	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Polson, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Bedford, TX 76021-5993	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78258-4152	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Shane (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78258-4152	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/76 Rpt: 58/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Potter, Richard (Dr.)	<b>7</b> Amount of Contribution (\$) \$120.00
	<b>6</b> Contributor address; City; State; Zip Code  Helotes, TX 78023	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Potter, Richard (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78245-1825	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Prine, Sarah (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Tyler, TX 75703-1402	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proctor, Christopher (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Abilene, TX 79606-5100	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pugao, Reo (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/76 Rpt: 59/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Purdy, John (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79925-6793	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Purdy, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79925-6793	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Quentel, Manfred (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Humble, TX 77346-4734	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rader, Charles (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Victoria, TX 77901-5261	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rainwater, Michael Andrew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/76 Rpt: 60/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rashall, Gregory (Dr.)	<b>7</b> Amount of Contribution (\$) \$120.00
	<b>6</b> Contributor address; City; State; Zip Code  Liberty, TX 77575	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rathke, Bryan (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Huntsville, TX 77340-4959	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ray, Pamela (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78229-3503	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reed, Danielle (Dr.)	Amount of Contribution (\$) \$33.34
	Contributor address; City; State; Zip Code  Alvin, TX 77511-6046	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reznik, Derek (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/76 Rpt: 61/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/02/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ricci, Shane (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Prosper, TX 75078-8467	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/21/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Mark (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Athens, TX 75751-2136	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/23/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson, Roxanne (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78411-4416	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Claudia (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Brownsville, TX 78526-4335	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/07/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Rebekha (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75206-0941	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/76 Rpt: 62/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Frank (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705-9639	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/09/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rouch, Barry (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78759-4013	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roy, Jeff (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Irving, TX 75062-2881	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruiz, Vanessa (Dr.)	<b>Amount of Contribution (\$)</b> \$33.33
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77024	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rynchek, Kelly (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Palacios, TX 77465-4810	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/76 Rpt: 63/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saliba, George (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77069-2650	<b>7</b> Amount of Contribution (\$)  \$8.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Marie (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77087-4641	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schlieve, Thomas (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75247	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schmidgall, Ryan (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-4105	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schott, Laura (Dr.) <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/76 Rpt: 64/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schuchart, Christopher (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78249-3482	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwab, Zachary (Dr.) <hr/> Contributor address; City; State; Zip Code  Waco, TX 76710-2567	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schwartz-Dabney, Carina (Dr.) <hr/> Contributor address; City; State; Zip Code  Irving, TX 75038	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Micheal (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-0803	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scott, Shaneka (Dr.) <hr/> Contributor address; City; State; Zip Code  Paris, TX 75462-5100	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/76 Rpt: 65/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/22/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seely, Kristen (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230-6123	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seidler, Daryl (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Cedar Hill, TX 75104-2129	<b>Amount of Contribution (\$)</b>  \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seifikar, Shawn (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75231	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/19/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sellers, Cheryl (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  New Braunfels, TX 78130-6112	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sentlingar, Jill (Dr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Prosper, TX 75078-8605	<b>Amount of Contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/76 Rpt: 66/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shah, Sunil (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-8935	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sharaf, Ahmed (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Round Rock, TX 78664-9610	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheppard, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Mansfield, TX 76063-8845	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shultz, Jared (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75703-1022	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silva, Benjamin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79932-3184	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/76 Rpt: 67/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/13/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silvestre, Ginovelli (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simon, Patricia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75206-7951	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singhal, Saurabh (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76244-6316	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smalley, Kimberly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Yorktown, TX 78164-0576	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smart, Lyndi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79603-4738	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 65/76 Rpt: 68/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Carmen (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75243-3564	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/05/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Kiley (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Temple, TX 76502-3331	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Snody, LeAnn (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Taft, TX 78390-3045	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/09/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Speck, Rachel (Dr.)	<b>Amount of Contribution (\$)</b> \$33.33
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77098-1919	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spencer, Clayton (Dr.)	<b>Amount of Contribution (\$)</b> \$33.33
	<b>Contributor address; City; State; Zip Code</b>  Paris, TX 75460-5715	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/76 Rpt: 69/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spitzer, Elizabeth (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Gatesville, TX 76528-1029	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stampe, Melody (Dr.) <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75082-2158	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stanaland, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code  Midland, TX 79701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stansbury, Audrey (Dr.) <hr/> Contributor address; City; State; Zip Code  Lewisville, TX 75077-3043	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stehling, Will (Dr.) <hr/> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624-4437	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/76 Rpt: 70/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stelly, Leah (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023-5946	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Claude (Dr.) <hr/> Contributor address; City; State; Zip Code  Duncanville, TX 75116-4515	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Street, Colton (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79413-5143	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stuchlik, Katie (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sumbera, Mark (Dr.) <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77901-3092	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/76 Rpt: 71/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Szczerba, Mark (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-6865	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/15/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tailor, Sweta (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78756-3725	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Teja, Mehboob (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  San Angelo, TX 76904-6919	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/20/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thiel, Gregory (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78704-7908	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, John (Dr.)	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78410	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/76 Rpt: 72/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Michelle (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054-2032	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Ryan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McKinney, TX 75072-6435	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thurber, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79423-1428	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tiner, Brandi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  El Paso, TX 79912-4678	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tinnell, William (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Falfurrias, TX 78355-3609	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/76 Rpt: 73/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) To, Katie (Dr.)	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77494-6584		
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Trieu, Quynh-Chi (Dr.)	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code  Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Truong, Khanh (Dr.)	Amount of Contribution (\$) \$33.34
Contributor address; City; State; Zip Code  Tomball, TX 77375		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tye, Christopher (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Colleyville, TX 76034-6288		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ure, Derid (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Lubbock, TX 79424-5041		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/76 Rpt: 74/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Uriegas, Melissa (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504-4141	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vahadi, Afshin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Frisco, TX 75035-9346	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valentini, Alicia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77007-2524	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vanderbrook, Drew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75214-2367	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vargas, Michelle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78211-1406	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/76 Rpt: 75/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/02/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vekuh, Fri (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77304-5704	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vela, Joel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Bellaire, TX 77401-4108	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vickers, Aaron (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028-1300	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vincent, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Port Neches, TX 77651-6002	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vlosich, Spence (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Amarillo, TX 79119-6401	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/76 Rpt: 76/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vogel, Jonathan (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205-4184	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wall, Timothy (Dr.) <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76904-7714	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wasylycha, Lorne (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wear, Eric (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-4636	Amount of Contribution (\$)  \$2.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weibel, Wesley (Dr.) <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586-6465	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/76 Rpt: 77/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wendt, Lindsey Luann (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77018	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/05/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westbrook, Bradley (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Jacksonville, TX 75766-7574	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westerberg, Matthew (Dr.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78209	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/17/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whitworth, William (Dr.)	<b>Amount of Contribution (\$)</b> \$52.00
	<b>Contributor address; City; State; Zip Code</b>  Fredericksburg, TX 78624-3653	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/05/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkie, Eric (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Amarillo, TX 79106-3333	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/76 Rpt: 78/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willard, Joshua (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024-4335	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williams, Kenneth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Allen, TX 75013-2684	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williamson, Blake (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Odessa, TX 79765-8903	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wingate, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Waco, TX 76710-2920	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Wayne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75230-2050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/76 Rpt: 79/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Worob, Marc (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759-4041	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yates, David (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79925	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 01/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yu, David (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  West Lake Hills, TX 78746	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

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

**SCHEDULE C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 80/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/01/2026	<b>5</b> Corporation / Labor Organization name Texas Dental Association	<b>6</b> Amount (\$) 13,133.81

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 81/82	<b>2</b> FILER NAME Texas Dental Association Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/07/2026	<b>5</b> Payee name Vince Perez Campaign	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 71309  El Paso, TX 79917	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 82/82
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 01/01/2026	<b>5</b> Name of person from whom amount is received First Lockhart National Bank	<b>8</b> Amount (\$) \$530.82
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78748	
	<b>7</b> Purpose for which amount is received Interest <span style="float: right;"><input type="checkbox"/> Check if political contribution returned to filer</span>	
Date 01/01/2026	Name of person from whom amount is received First Lockhart National Bank	Amount (\$) \$1,972.48
	Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78748	
	Purpose for which amount is received Interest <span style="float: right;"><input type="checkbox"/> Check if political contribution returned to filer</span>	