

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,469.57
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 107,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,980,417.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Dr. Daniel O'Dell

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - MPAC

17 COMMITTEE NAME Texas Dental Association Political Action Committee		18 Filer ID (Ethics Commission Filers) 00015960
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,335.76
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	\$ 107,000.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 10,083.77

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/59 Rpt: 4/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Terry (Dr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75225-6210	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addington, Danny (Dr.) Contributor address; City; State; Zip Code Atlanta, TX 75551-2625	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Sarah (Dr.) Contributor address; City; State; Zip Code Dallas, TX 75246-1736	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Alejandro (Dr.) Contributor address; City; State; Zip Code Socorro, TX 79927-4655	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altieri, Kevin (Dr.) Contributor address; City; State; Zip Code Fort Worth, TX 76109-5855	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/59 Rpt: 5/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	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 02/12/2026	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 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Erin (Dr.)	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code Austin, TX 78731-2901	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aten, Susan (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code Richardson, TX 75080-4155	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avalos, Jose (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code Wylie, TX 75098-7818	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/59 Rpt: 6/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avalos, Jose (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098-7818	7 Amount of Contribution (\$) \$33.34
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Awtrey, Adam (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601-3851	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azarnoush, Kaveh (Dr.) <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613-2276	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, John (Dr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Vivian (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/59 Rpt: 7/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baucum, John (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2535	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumann, Todd (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75225	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becher, Mary (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78745-1514	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackmond, Heather (Dr.)	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code San Antonio, TX 78211-3213	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/59 Rpt: 8/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bock, Erica (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77389-5190	7 Amount of Contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boles, Justina (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-6330	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosse, Louis-Philippe (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77060-1307	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourquein, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Fredericksburg, TX 78624	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumbaugh, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205-4176	Amount of Contribution (\$) \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/59 Rpt: 9/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/30/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruyere, Barry (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Longview, TX 75605-4463	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, George (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77025	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunch, Sheridan (Dr.)	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Liberty Hill, TX 78642-2396	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canzoneri, Teresa (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Beaumont, TX 77706-3432	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/59 Rpt: 10/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capehart, Christopher (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lewisville, TX 75077-3027	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Omel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Harlingen, TX 78550-9154	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Jade (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-1867	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castell, Ian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Brownsville, TX 78256	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Miguel (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mission, TX 78572-6049	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/59 Rpt: 11/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Stephen (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024-2411	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Brett (Dr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappell, Garrett (Dr.) <hr/> Contributor address; City; State; Zip Code Brownfield, TX 79316-4006	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chong, Sonia (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79936-6242	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowning, Rodney (Dr.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76210-0139	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/59 Rpt: 12/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Shelly (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Midlothian, TX 76065-5576	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clements, Vanesa (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520-7406	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clitheroe, R. Lee (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478-5358	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clyde, Ibis (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code San Antonio, TX 78258-3394	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cochran, Bradley (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Denver City, TX 79323-3101	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/59 Rpt: 13/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coe, Karen (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Coppell, TX 75019-2932	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	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)
Date 02/12/2026	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 02/12/2026	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)
Date 02/11/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/59 Rpt: 14/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covell, Paul (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pasadena, TX 77504-2530	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Melanie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Shiner, TX 77984	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Spring Branch, TX 78070	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronin Barron, Elyse (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759-4041	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutbirth, William (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404-2731	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/59 Rpt: 15/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna, Jodi (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Frisco, TX 75034-1929	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	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 02/12/2026	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 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Santis, Rocco (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kilgore, TX 75662-5950	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/59 Rpt: 16/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Mercedes (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75039-3833	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	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 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egger, Graham (Dr.) <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-3942	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Brian (Dr.) <hr/> Contributor address; City; State; Zip Code Hockley, TX 77447-1540	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esquivel, Alejandro (Dr.) <hr/> Contributor address; City; State; Zip Code Eagle Pass, TX 78852-4391	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/59 Rpt: 17/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falk, Kenneth (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Irving, TX 75062-2871	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Cynthia (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77058	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flosi, Caitlin (Dr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76109-1893	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fluellen, Brianna (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Richardson, TX 75080-2633	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Claire (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78737-5504	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/59 Rpt: 18/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foreman, Jason (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613-6501	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Lisa (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418-3059	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fray, David (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77054-2032	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gadia, Rocelle (Dr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code McAllen, TX 78503-1613	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Simon (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78745-5254	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/59 Rpt: 19/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gates, Paul (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664-3045	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles, Roberto (Dr.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301-2666	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Jason (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212-2024	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Ray (Dr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132-4104	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glennon, John (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78756-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/59 Rpt: 20/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glennon, John (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78756-2537	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Lauren (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Crosby, TX 77532	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Elizabeth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McKinney, TX 75069-3385	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldreich, Hilton (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75023-8330	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jocelyn (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mercedes, TX 78570-5022	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/59 Rpt: 21/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/18/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grave, Gregory (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75023-5944	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Cody (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Goldthwaite, TX 76844	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/28/2026	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 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Eric (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79936-6242	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Eric (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79936-6242	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/59 Rpt: 22/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Darian (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75287	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardee, Clinton (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Amarillo, TX 79119-6406	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargis, Theral (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Longview, TX 75601-4738	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Dana (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78216-3055	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hattaway, Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75010-1021	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/59 Rpt: 23/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hau, Helen (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Round Rock, TX 78665-1518	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Kimberly (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Harker Heights, TX 76548-3335	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebert-Schoener, Stacy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bellaire, TX 77401-3125	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Annalisa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78748	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heck, Matthew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78748-5704	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/59 Rpt: 24/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, David (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Angelo, TX 76904-6919	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ron (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Duc (Dr.)	Amount of Contribution (\$) \$187.10
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, James (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Tyler, TX 75703-1132	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Idakoji, Bilkisu (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77015-3441	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/59 Rpt: 25/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inmon, Macy (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cooper, TX 75432-4951	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Harmon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, TX 76013-2543	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janssen, Abbey (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 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, George (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Grant (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75248-7423	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/59 Rpt: 26/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaiser, Jina (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75225-5936	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaviani, Kevin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77024-6050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khosla, Sanjeev (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77055-6041	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/59 Rpt: 27/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, H. Chu (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027-3103	7 Amount of Contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-6522	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Jonathon (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78749-6522	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-5530	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimes, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78738-5530	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/59 Rpt: 28/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jered (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411-4439	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	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 02/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Jamie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78266-2516	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuma, Scott (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Waco, TX 76712	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/59 Rpt: 29/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laborde, Elizabeth (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76109	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landeros, Brenda (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Harlingen, TX 78550-9154	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lassetter, Theresa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Woodway, TX 76712-3100	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Celeste (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75230-5634	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Galin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/59 Rpt: 30/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le, Christine (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76106-5106	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Ronald (Dr.) <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034-5905	Amount of Contribution (\$) \$187.10
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leedy, Robert (Dr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605-6330	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemke, Kelly (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-3901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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 (\$) \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/59 Rpt: 31/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linger, Patricia (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Humble, TX 77346-2943	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftin, Jennifer (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alice, TX 78332-3846	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loiselle, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79912-5115	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovelace, Teri (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79605-6221	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovering, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hurst, TX 76054-3439	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/59 Rpt: 32/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Sarah (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77505-4220	7 Amount of Contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luquis-Aponte, Wilma (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79905-2841	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Nichole (Dr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-3225	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Yvonne (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932-2114	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malpica, Lorena (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925-7368	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/59 Rpt: 33/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markle, Travis (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75701-7052	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markle, Travis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75701-7052	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marr, Karina (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75218-3437	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Gregory (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Greenville, TX 75402-6309	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marteeny, Angela (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alvin, TX 77511-2976	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/59 Rpt: 34/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Richard (Dr.) 6 Contributor address; City; State; Zip Code Lewisville, TX 75057-3628	7 Amount of Contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Matthew (Dr.) Contributor address; City; State; Zip Code Temple, TX 76504-7040	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Lisa B. (Dr.) 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 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathew, Bibby (Dr.) Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, John (Dr.) 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/59 Rpt: 35/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiners, Christina Marie (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78252	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendoza, Johnathon (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Carlsbad, TX 88220-5842	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menendez, Silvia (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code El Paso, TX 79912-7096	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Rafael (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code San Antonio, TX 78216-3553	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Jessica (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401-4015	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/59 Rpt: 36/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meza, Jose (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78501-2355	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2026	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	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minott-Warren, Sharon (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546-1736	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moers-Walding, Emily (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Houston, TX 77098-4011	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohd Najib, Sonia (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code El Paso, TX 79936-5177	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/59 Rpt: 37/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Juan (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78222-3531	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Jose (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rowlett, TX 75088-4571	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77062-4762	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Carla Jean (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McAllen, TX 78503-1528	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Michael (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Spring, TX 77379-6547	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/59 Rpt: 38/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Kayla (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75703-6111	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moye, Brian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77070-6208	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Christina (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphey, Griffin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ne, Rita (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75244-5054	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/59 Rpt: 39/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ne, Rita (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75244-5054	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Minh-Khoi (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77049-4351	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nickerson, Natalie (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Duncanville, TX 75137-3729	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nickleberry, Tammeka (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77045-6001	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niebla, Armando A. (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78228-5500	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/59 Rpt: 40/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nisnisan, Mary Jocelyn Elyse (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Richmond, TX 77469	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Kathy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bellaire, TX 77401	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Steven (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Tyler, TX 75703-0719	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/16/2026	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 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omecinski, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Victoria, TX 77901-3964	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/59 Rpt: 41/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opaneye, Oluwakare (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Pharr, TX 78577-6352	7 Amount of Contribution (\$) \$33.33
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orlandi, Gino (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Roger (Dr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz Quiles, Luis (Dr.) <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626-2085	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Glenda (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77007-2286	Amount of Contribution (\$) \$340.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/59 Rpt: 42/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Jessica (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77478-5389	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, C (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78752-3733	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Melinda (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Denison, TX 75020-2034	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Jane (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Woodway, TX 76712-7927	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrott, Kelcey (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Midland, TX 79707-2280	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/59 Rpt: 43/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Brendon (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code League City, TX 77573-1551	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perales, Edgar (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79925	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Maria (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Humble, TX 77338-2444	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Eric (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77040-5795	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip, George (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sunnyvale, TX 75182-9382	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/59 Rpt: 44/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, William (Dr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Dallas, TX 75225-6301		
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitarra, Sarah (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78411-4439		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plocheck, Janell (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Fort Worth, TX 76132-4111		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polson, James (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bedford, TX 76021-5993		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porsch, J (Dr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Garland, TX 75044-2313		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/59 Rpt: 45/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Mark (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78258-4152	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	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)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potter, Richard (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78245-1825	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proctor, Christopher (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79606-5100	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/59 Rpt: 46/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Charles (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Victoria, TX 77901-5261	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Michael Andrew (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75205	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashall, Gregory (Dr.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Liberty, TX 77575	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Danielle (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code Alvin, TX 77511-6046	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/59 Rpt: 47/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rezaei, Naser (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Overland Park, TX 66210-3187	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Shane (Dr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Prosper, TX 75078-8467	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Sue (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77030-5501	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Brad (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Kerrville, TX 78028-5965	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ricardo (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/59 Rpt: 48/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossall, Jonathan (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Tyler, TX 75701-9425	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothe, Annie (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouch, Barry (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78759-4013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Vanessa (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sadler, Myles (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Lubbock, TX 79413-5741	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/59 Rpt: 49/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saliba, George (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77069-2650	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Marie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77087-4641	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Kenneth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Round Rock, TX 78681-7203	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schorn, Amy (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75231-4212	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Laura (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/59 Rpt: 50/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Christopher (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78249-3482	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sciba, Clayton (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Victoria, TX 77904-1742	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Elizabeth (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New Braunfels, TX 78132-4181	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidler, Daryl (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Hill, TX 75104-2129	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Dhara (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78733	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/59 Rpt: 51/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Sunil (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78759-8935	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	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 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Arthur (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Angelo, TX 76901-5214	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Thalia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75206-0940	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/59 Rpt: 52/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Thalia (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Dallas, TX 75206-0940	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Thalia (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75206-0940	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shisler, Adam (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77005-4144	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sieng, Jamie (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code McKinney, TX 75070-5615	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/59 Rpt: 53/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carmen (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243-3564	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Emily (Dr.) <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345-1792	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speck, Rachel (Dr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-1919	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Clayton (Dr.) <hr/> Contributor address; City; State; Zip Code Paris, TX 75460-5715	Amount of Contribution (\$) \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spillman, James (Dr.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087-5154	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/59 Rpt: 54/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spitzer, Elizabeth (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Gatesville, TX 76528-1029	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stampe, Melody (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Richardson, TX 75082-2158	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanaland, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Midland, TX 79701	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansbury, Audrey (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lewisville, TX 75077-3043	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Linda (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Coppell, TX 75019-2008	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/59 Rpt: 55/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Claude (Dr.)	7 Amount of Contribution (\$) \$33.33
	6 Contributor address; City; State; Zip Code Duncanville, TX 75116-4515	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Street, Colton (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Lubbock, TX 79413-5143	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuchlik, Katie (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szczerba, Mark (Dr.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-6865	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Steven (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Arlington, TX 76017-1672	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/59 Rpt: 56/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Michelle (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77054-2032	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiefenbach, Maria (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 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillman, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76104	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	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 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trieu, Quynh-Chi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75230	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/59 Rpt: 57/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truong, Khanh (Dr.)	7 Amount of Contribution (\$) \$33.33
	6 Contributor address; City; State; Zip Code Tomball, TX 77375	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	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)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uriegas, Melissa (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code McAllen, TX 78504-4141	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valle, Eric (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520-6337	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallone, Alessandro (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Laredo, TX 78041-6029	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/59 Rpt: 58/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderbrook, Drew (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75214-2367	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Jason (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414-5774	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vekuh, Fri (Dr.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Conroe, TX 77304-5704	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Jonathan (Dr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Dallas, TX 75205-4184	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallach, Richard (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247-1929	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/59 Rpt: 59/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Guadalupe (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code El Paso, TX 79902	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Guadalupe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasylycha, Lorne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Abilene, TX 79605	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wear, Eric (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-4636	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weedon, Kyle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mineola, TX 75773-2108	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/59 Rpt: 60/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/11/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendt, Lindsey Luann (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77018	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerberg, Matthew (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whilby, Patrick (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Alton, TX 78573-0266	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willard, Joshua (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Plano, TX 75024-4335	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Blake (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Odessa, TX 79765-8903	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/59 Rpt: 61/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Wayne (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75230-2050	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worob, Marc (Dr.)	Amount of Contribution (\$) \$33.33
	Contributor address; City; State; Zip Code Austin, TX 78759-4041	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wren, Kendra (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Comfort, TX 78013-0096	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 01/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Benjamin (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78229-3410	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Younus, Fabia (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77024-3012	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/59 Rpt: 62/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zayas, Joe (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Brownsville, TX 78520-7735	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 63/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/01/2026	5 Corporation / Labor Organization name Texas Dental Association	6 Amount (\$) 13,133.81

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/17 Rpt: 64/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Angelia Orr Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 113 Itasca, TX 76055	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Angie Chen Button Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 832748 Richardson, TX 75083	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Barbara Gervin-Hawkins Campaign	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 39602 San Antonio, TX 78218	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/17 Rpt: 65/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
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4 Date 02/10/2026	5 Payee name Bob Hall Campaign
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 513 Canton, TX 75103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Borris Miles Campaign
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Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5302 Almeda Rd Houston, TX 77004
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Brett Ligon Campaign
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Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 E Greenway Plz Ste 225 Houston, TX 77046
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/17 Rpt: 66/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
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4 Date 02/10/2026	5 Payee name Bryan Hughes for Texas Senate
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 450 Mineola, TX 75773
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Candy Noble Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1105 E Main St #223 Allen, TX 75002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Caroline Harris Davila for State Representative
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/17 Rpt: 67/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Charlene Ward Johnson Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 925775 Houston, TX 77292	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Charles Perry Campaign	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11003 Quaker Ave Ste 102 Lubbock, TX 79424	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Charles Schwertner Campaign	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2448 Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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.

1 Total pages Schedule F1: Sch: 5/17 Rpt: 68/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Chris Turner Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 182093 Arlington, TX 76096	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Cody Harris Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Avenue A St Palestine, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Cole Hefner Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 167 Mount Pleasant, TX 75456	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/17 Rpt: 69/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
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4 Date 02/10/2026	5 Payee name David Cook Campaign
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 309 E Broad St Mansfield, TX 76063
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Denise Villalobos Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10330 Kingsbury Dr Corpus Christi, TX 78410
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Donna Campbell Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171002 San Antonio, TX 78217
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/17 Rpt: 70/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
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4 Date 02/10/2026	5 Payee name Friends of Cecil Bell, Jr.
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 819 Magnolia, TX 77353
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Harold Dutton Jr. Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4001 Jewett St Houston, TX 77026
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Hopper4Texas
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1052 Decatur, TX 76234
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/17 Rpt: 71/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Hubert Vo Campaign	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2227 Alief, TX 77411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Janie Lopez Campaign	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2073 San Benito, TX 78586	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Jared Patterson Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4412 Sapphire Dr Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/17 Rpt: 72/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Jay Dean Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3822 Holly Ridge Longview, TX 75605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Jeff Leach Campaign	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 866186 Plano, TX 75086	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Jose Menendez Campaign	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 761780 San Antonio, TX 78245	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/17 Rpt: 73/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Judith Zaffirini Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 627 Laredo, TX 78042	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Ken King Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 517 Canadian, TX 79014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Keresa for Texas Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1179 McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/17 Rpt: 74/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Kevin Sparks Campaign	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2600 Mockingbird Ln Midland, TX 79705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Lacey Hull Campaign	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 19231 Houston, TX 77224	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Liz Campos Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1028 Rigsby San Antonio, TX 78210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/17 Rpt: 75/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
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4 Date 02/10/2026	5 Payee name Lois Kolkhorst Campaign
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2546 Brenham, TX 77834
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Marc LaHood Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 127 Encino Blanco San Antonio, TX 78232
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Mark Dorazio Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 461341 San Antonio, TX 78246
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/17 Rpt: 76/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Mary Ann Perez Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 262432 Houston, TX 77207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Morgan Meyer Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3838 Oak Lawn Ave Ste 400 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Pat Curry Campaign	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 204 Woodhew Dr Waco, TX 76712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/17 Rpt: 77/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
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4 Date 02/10/2026	5 Payee name Pete Flores Campaign
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 111 Live Oak Drive Pleasanton, TX 78064
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Philip Cortez Campaign
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Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7919 Liberty Island San Antonio, TX 78227
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2026	Payee name Rocky Thigpen Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 25 Lufkin, TX 75902
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/17 Rpt: 78/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Roland Gutierrez Campaign	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1426 Napier San Antonio, TX 78214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Stan Gerdes Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 606 Gresham St Smithville, TX 78957	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Stan Kitzman Campaign	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 553 Pattison, TX 77466	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/17 Rpt: 79/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Terri Leo-Wilson Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29 Pirates Beach W Galveston, TX 77554	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Texans for Dan Patrick	
Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 685085 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2026	Payee name Texans for Greg Abbott	
Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 308 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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.

1 Total pages Schedule F1: Sch: 17/17 Rpt: 80/81	2 FILER NAME Texas Dental Association Political Action Committee	3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/10/2026	5 Payee name Todd Hunter Campaign	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 445 Cape Henry Dr Corpus Christi, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 81/81
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 02/09/2026	5 Name of person from whom amount is received Donna Campbell Campaign <hr/> 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78217	8 Amount (\$) \$2,500.00
	7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 02/01/2026	Name of person from whom amount is received First Lockhart National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78748	Amount (\$) \$530.86
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest	
Date 02/01/2026	Name of person from whom amount is received First Lockhart National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78748	Amount (\$) \$2,052.91
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest	
Date 02/09/2026	Name of person from whom amount is received Todd Hunter Campaign <hr/> Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78412	Amount (\$) \$5,000.00
	Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer	