



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,181.21
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,940,735.65
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Texas Dental Association Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00015960
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	10,227.75
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	819.65
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	2,347.22

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/52 Rpt: 4/58
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Addington, Danny (Dr.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code  Atlanta, TX 75551-2625	
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adkins, Jay (Dr.)	Amount of Contribution (\$) \$486.45
	Contributor address; City; State; Zip Code  Lubbock, TX 79414-5834	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Sarah (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75246-1736	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alonso, Alejandro (Dr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Socorro, TX 79927-4655	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Altieri, Kevin (Dr.)	Amount of Contribution (\$) \$33.34
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109-5855	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/52 Rpt: 5/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Alvey, Dallas (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77055	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderton, Xochitl (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424-7837	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arnold, Erin (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731-2901	Amount of Contribution (\$)  \$8.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aten, Susan (Dr.) <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080-4155	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Avalos, Jose (Dr.) <hr/> Contributor address; City; State; Zip Code  Wylie, TX 75098-7818	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/52 Rpt: 6/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Azarnoush, Kaveh (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-2276	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Batarse, Allison (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095-2422	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Batarse, Allison (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77095-2422	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/52 Rpt: 7/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Belean, Pompilia (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737-2805	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackmond, Heather (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78211-3213	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bloom, Carl (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77096-3805	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bock, Erica (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Spring, TX 77389-5190	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bosse, Louis-Philippe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77060-1307	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/52 Rpt: 8/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bourquein, Robert (Dr.)	<b>7</b> Amount of Contribution (\$)  \$8.33
	<b>6</b> Contributor address; City; State; Zip Code  Fredericksburg, TX 78624	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brumbaugh, Robert (Dr.)	Amount of Contribution (\$)  \$33.33
	Contributor address; City; State; Zip Code  Dallas, TX 75205-4176	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 77025-1057	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Calongne, Kevin (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Houston, TX 77024-4050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/52 Rpt: 9/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/05/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cano, Felix (Dr.)	<b>7</b> Amount of Contribution (\$)  \$33.33
	<b>6</b> Contributor address; City; State; Zip Code  Springtown, TX 76082-0069	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Capehart, Christopher (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75077-3027	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cardenas, Omel (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Harlingen, TX 78550-9154	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carlson, Jade (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1867	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/52 Rpt: 10/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/24/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrillo, Beatriz (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77065-3178	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castell, Ian (Dr.) <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78256	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Castillo, Miguel (Dr.) <hr/> Contributor address; City; State; Zip Code  Mission, TX 78572-6049	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chan, Stephen (Dr.) <hr/> Contributor address; City; State; Zip Code  Plano, TX 75024-2411	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/52 Rpt: 11/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/02/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Childress, Steven (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Robinson, TX 76706-5303	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chong, Sonia (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79936-6242	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chowning, Rodney (Dr.)	<b>Amount of Contribution (\$)</b> \$33.33
	<b>Contributor address; City; State; Zip Code</b>  Denton, TX 76210-0139	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clitheroe, R. Lee (Dr.)	<b>Amount of Contribution (\$)</b> \$120.00
	<b>Contributor address; City; State; Zip Code</b>  Sugar Land, TX 77478-5358	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clyde, Ibis (Dr.)	<b>Amount of Contribution (\$)</b> \$33.33
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-3394	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/52 Rpt: 12/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cole, Ademola (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75212	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Colter, Shandon (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240-4506	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley, Emily (Dr.) <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613-2276	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cook, Taylor (Dr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooley, Ralph A. (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77054	Amount of Contribution (\$)  \$120.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/52 Rpt: 13/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cox, David (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Spring Branch, TX 78070	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cunningham, David (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Spring, TX 77381-3595	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Danna, Jodi (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Frisco, TX 75034-1929	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/52 Rpt: 14/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Camie (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79413-5760	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Francys (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78731	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dominguez, Mercedes (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Irving, TX 75039-3833	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/52 Rpt: 15/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/25/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dreher, Joan (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78248	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dreher, Joan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78248	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunavant, Thomas (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Longview, TX 75601-5439	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunlap, Francis (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77079-2008	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edgin, Wendell (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015-4428	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/52 Rpt: 16/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/23/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Egger, Graham (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Colleyville, TX 76034-3942	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellis, Brian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Hockley, TX 77447-1540	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Esparza, Felipe (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Laredo, TX 78040-7211	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Estes, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Abilene, TX 79601-2479	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faight, Darrell (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Round Rock, TX 78665-2497	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/52 Rpt: 17/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flanagan, Cynthia (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77058	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flosi, Caitlin (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109-1893	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foreman, Claire (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78737-5504	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foreman, Jason (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613-6501	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Franklin, Lisa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-1797	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/52 Rpt: 18/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fray, David (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77054-2032	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gadia, Rocelle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78503-1613	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Gary (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  College Station, TX 77845-8651	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garrett, Jathen (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Groves, TX 77619-3613	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gerhardt, Jeffery (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613-5521	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/52 Rpt: 19/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Giles, Roberto (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77301-2666	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gillespie, Jason (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78212-2024	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Glennon, John (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78756-2537	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/52 Rpt: 20/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/09/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Anthony (Dr.)	<b>7</b> Amount of Contribution (\$)  \$33.33
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78410-3745	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gonzalez, Jocelyn (Dr.)	Amount of Contribution (\$)  \$16.67
	Contributor address; City; State; Zip Code  Mercedes, TX 78570-5022	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gordon, David (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-3852	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Austin (Dr.)	Amount of Contribution (\$)  \$96.80
	Contributor address; City; State; Zip Code  Woodway, TX 76712-3866	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffey, Clara (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Waco, TX 76710-7417	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/52 Rpt: 21/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/19/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gutierrez, Eric (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936-6242	<b>7</b> Amount of Contribution (\$)  \$33.33
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Glen (Dr.) <hr/> Contributor address; City; State; Zip Code  Abilene, TX 79605	Amount of Contribution (\$)  \$1,167.55
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hampton, Darian (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75287-6282	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hansard, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  Crawford, TX 76638	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hattaway, Richard (Dr.) <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75010-1021	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/52 Rpt: 22/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hau, Helen (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78665-1518	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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 03/12/2026	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 03/12/2026	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/52 Rpt: 23/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hill, Ron (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ho, Duc (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Katy, TX 77494	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hughes, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75703-1132	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hwangpo, Brian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75229-6072	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hwangpo, Brian (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75229-6072	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/52 Rpt: 24/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/10/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Matthew (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482-4130	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaiser, Jina (Dr.)	<b>Amount of Contribution (\$)</b> \$33.33
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75225-5936	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaviani, Kevin (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77024-6050	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy, PAUL (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Corpus Christi, TX 78414-3477	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kiesel, Donna (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Coppell, TX 75019-9606	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/52 Rpt: 25/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kim, H. Chu (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77027-3103	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimes, Jonathon (Dr.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78749-6522	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimes, Jonathon (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78749-6522	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimes, Patricia (Dr.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738-5530	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kimes, Patricia (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78738-5530	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/52 Rpt: 26/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Jered (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-4439	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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 03/12/2026	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 03/12/2026	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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/52 Rpt: 27/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laborde, Elizabeth (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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 03/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lawson, Tara (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79423	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Le, Christine (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76106-5106	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/52 Rpt: 28/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemke, Kelly (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229-3901	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linger, Patricia (Dr.) <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346-2943	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loftin, Jennifer (Dr.) <hr/> Contributor address; City; State; Zip Code  Alice, TX 78332-3846	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lohmann, Layla (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75248-1501	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/52 Rpt: 29/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loiselle, John (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912-5115	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/05/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Rosa (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78202-2219	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lovering, James (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Hurst, TX 76054-3439	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowe, Sarah (Dr.)	<b>Amount of Contribution (\$)</b> \$33.33
	<b>Contributor address; City; State; Zip Code</b>  Pasadena, TX 77505-4220	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luquis-Aponte, Wilma (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79905-2841	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/52 Rpt: 30/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maldonado, Yvonne (Dr.)	<b>7</b> Amount of Contribution (\$) \$10.00
<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79932-2114		
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mansour, Yahya (Dr.)	Amount of Contribution (\$) \$33.33
Contributor address; City; State; Zip Code  Irving, TX 75063-2548		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Markle, Travis (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Tyler, TX 75701-7052		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marr, Karina (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Dallas, TX 75218-3437		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marshall, Gregory (Dr.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  Greenville, TX 75402-6309		
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 28/52 Rpt: 31/58
2 FILER NAME Texas Dental Association Political Action Committee		3 Filer ID (Ethics Commission Filers) 00015960
4 Date 03/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marteeny, Angela (Dr.) ..... 6 Contributor address; City; State; Zip Code  Alvin, TX 77511-2976	7 Amount of Contribution (\$)  \$33.33
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Richard (Dr.) ..... Contributor address; City; State; Zip Code  Lewisville, TX 75057-3628	Amount of Contribution (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2026	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 03/12/2026	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)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGhee, Ashley (Dr.) ..... Contributor address; City; State; Zip Code  Dallas, TX 75225-5930	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/52 Rpt: 32/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGhee, Ashley (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225-5930	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meiners, Christina Marie (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78252	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendoza, Johnathon (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Carlsbad, TX 88220-5842	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Menendez, Silvia (Dr.)	<b>Amount of Contribution (\$)</b> \$33.34
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912-7096	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercado, Rafael (Dr.)	<b>Amount of Contribution (\$)</b> \$33.34
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78216-3553	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/52 Rpt: 33/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meyers, Jessica (Dr.)	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401-4015	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meza, Jose (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  McAllen, TX 78501-2355	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/06/2026	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 03/12/2026	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 03/12/2026	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/52 Rpt: 34/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mohd Najib, Sonia (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79936-5177	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molina, Juan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78222-3531	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/25/2026	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 03/12/2026	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)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morton, Kayla (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tyler, TX 75703-6111	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/52 Rpt: 35/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moye, Brian (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77070-6208	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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 78130-3154	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nairooz, Sandra (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78259	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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)
Date 03/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelson, Kim (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76148-2326	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/52 Rpt: 36/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 02/27/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) New, Jason (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Valley Mills, TX 76689-2201	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Niebla, Armando A. (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78228-5500	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nisnisan, Mary Jocelyn Elyse (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Richmond, TX 77469	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 03/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Offutt, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130-3154	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/52 Rpt: 37/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ogunbameru, Aderonke (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063-2363	<b>7</b> Amount of Contribution (\$)  \$33.34
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ombrello, Jill (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75231-3430	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Opaneye, Oluwakare (Dr.) <hr/> Contributor address; City; State; Zip Code  Pharr, TX 78577-6352	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/52 Rpt: 38/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/18/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ortiz Quiles, Luis (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78626-2085	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Owen, Glenda (Dr.)	<b>Amount of Contribution (\$)</b> \$85.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77007-2286	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Park, Jessica (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Sugar Land, TX 77478-5389	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, C (Dr.)	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78752-3733	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Melinda (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Denison, TX 75020-2034	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/52 Rpt: 39/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parks, Jane (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Woodway, TX 76712-7927	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Patterson, Brendon (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  League City, TX 77573-1551	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pedott, Susan (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cypress, TX 77429-8801	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/52 Rpt: 40/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perkins, Eric (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77040-5795	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phan, Dean (Dr.) <hr/> Contributor address; City; State; Zip Code  Corinth, TX 76210-4233	Amount of Contribution (\$)  \$33.33
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Philip, George (Dr.) <hr/> Contributor address; City; State; Zip Code  Sunnyvale, TX 75182-9382	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Frederick (Dr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78229-3923	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, William (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225-6301	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/52 Rpt: 41/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pitarra, Sarah (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411-4439	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plocheck, Janell (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76132-4111	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Polson, James (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Bedford, TX 76021-5993	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78258-4152	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Porter, Shane (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78258-4152	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/52 Rpt: 42/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Potter, Richard (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78245-1825	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/25/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Privett, William (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  College Station, TX 77845-8344	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Proctor, Christopher (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79606-5100	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Purdy, John (Dr.)	<b>Amount of Contribution (\$)</b> \$187.10
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79925-6793	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rader, Charles (Dr.)	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Victoria, TX 77901-5261	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/52 Rpt: 43/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/11/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rainwater, Michael Andrew (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/10/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rashall, Gregory (Dr.)	<b>Amount of Contribution (\$)</b> \$120.00
	<b>Contributor address; City; State; Zip Code</b>  Liberty, TX 77575	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rathke, Bryan (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Huntsville, TX 77340-4959	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Danielle (Dr.)	<b>Amount of Contribution (\$)</b> \$33.33
	<b>Contributor address; City; State; Zip Code</b>  Alvin, TX 77511-6046	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricci, Shane (Dr.)	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Prosper, TX 75078-8467	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/52 Rpt: 44/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 02/27/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberson, Ryan (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628-2879	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/16/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robicheaux, Daniel (Dr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78759-8962	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rouch, Barry (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Austin, TX 78759-4013	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ruiz, Vanessa (Dr.)	<b>Amount of Contribution (\$)</b> \$33.34
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77024	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Saliba, George (Dr.)	<b>Amount of Contribution (\$)</b> \$8.33
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77069-2650	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/52 Rpt: 45/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sanchez, Marie (Dr.)	<b>7</b> Amount of Contribution (\$)  \$33.33
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77087-4641	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Scaggs, Melissa (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Carrollton, TX 75006-1696	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaack, Jonathan (Dr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Prosper, TX 75078-8453	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schott, Laura (Dr.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schuchart, Christopher (Dr.)	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78245-4847	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/52 Rpt: 46/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seidler, Daryl (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Cedar Hill, TX 75104-2129	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shah, Sunil (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78759-8935	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/19/2026	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 03/12/2026	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 03/12/2026	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/52 Rpt: 47/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shirley, Thalia (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75206-0940	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singhal, Saurabh (Dr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76244-6316	Amount of Contribution (\$)  \$2.50
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Carmen (Dr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75243-3564	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 (\$)  \$33.34
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/52 Rpt: 48/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spitzer, Elizabeth (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Gatesville, TX 76528-1029	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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 03/12/2026	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 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Claude (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Duncanville, TX 75116-4515	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/52 Rpt: 49/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/25/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Debra (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77096-6036	<b>7</b> Amount of Contribution (\$)  \$12.50
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Street, Colton (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79413-5143	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stuart, Sarah (Dr.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005-3203	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stuchlik, Katie (Dr.) <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sutak, Cole (Dr.) <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79424	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/52 Rpt: 50/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sutak, Cole (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Szczerba, Mark (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76107-6865	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Michelle (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77054-2032	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	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 03/12/2026	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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/52 Rpt: 51/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 02/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Torres, Matthew (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78229-3768	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	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)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Truong, Khanh (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Tomball, TX 77375	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ure, Derid (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lubbock, TX 79424-5041	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Uriegas, Melissa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  McAllen, TX 78504-4141	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/52 Rpt: 52/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vallone, Alessandro (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041-6029	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vanderbrook, Drew (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75214-2367	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vasquez, Jason (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78414-5774	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vekuh, Fri (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Conroe, TX 77304-5704	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 02/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Viecilli, Rodrigo (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78730	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/52 Rpt: 53/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/06/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal, Roberto (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78257	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vogel, Jonathan (Dr.)	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75205-4184	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, Guadalupe (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79902	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wasylucha, Lorne (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Abilene, TX 79605-7243	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wear, Eric (Dr.)	<b>Amount of Contribution (\$)</b> \$2.00
	<b>Contributor address; City; State; Zip Code</b>  Fort Worth, TX 76107-4636	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/52 Rpt: 54/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Weedon, Kyle (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Mineola, TX 75773-2108	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/11/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wendt, Lindsey Luann (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77018	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/10/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Westerberg, Matthew (Dr.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78209	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/12/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whilby, Patrick (Dr.)	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Alton, TX 78573-0266	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>
<b>Date</b> 03/02/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilbanks, David (Dr.)	<b>Amount of Contribution (\$)</b> \$33.33
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912-3904	
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/52 Rpt: 55/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/12/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Willard, Joshua (Dr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024-4335	
<b>8</b> Principal occupation / Job title (See Instructions) Dentist		<b>9</b> Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Williamson, Blake (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Odessa, TX 79765-8903	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Woods, Wayne (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Dallas, TX 75230-2050	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)
Date 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Worob, Marc (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 03/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wren, Kendra (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Comfort, TX 78013-0096	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions)

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 56/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/23/2026	<b>5</b> Corporation / Labor Organization name Debrah Worsham DDS	<b>6</b> Amount (\$) 40.00
Date 03/13/2026	Corporation / Labor Organization name Duc Ho DDS	Amount (\$) 486.45
Date 03/23/2026	Corporation / Labor Organization name Duc Ho DDS	Amount (\$) 20.00
Date 03/23/2026	Corporation / Labor Organization name Elizabeth Goldman DDS	Amount (\$) 5.00
Date 03/24/2026	Corporation / Labor Organization name Jonathan Vogel DDS	Amount (\$) 5.00
Date 03/13/2026	Corporation / Labor Organization name Michael Najera DDS	Amount (\$) 243.20
Date 03/23/2026	Corporation / Labor Organization name Richard Potter DDS	Amount (\$) 5.00
Date 03/23/2026	Corporation / Labor Organization name Robert Neal DDS	Amount (\$) 5.00
Date 03/24/2026	Corporation / Labor Organization name Sara Ehsani DDS	Amount (\$) 5.00
Date 03/23/2026	Corporation / Labor Organization name Victor Rodriguez DDS	Amount (\$) 5.00

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 57/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/01/2026	<b>5</b> Corporation / Labor Organization name Texas Dental Association	<b>6</b> Amount (\$) 13,133.81

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

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 58/58
<b>2</b> FILER NAME Texas Dental Association Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00015960
<b>4</b> Date 03/01/2026	<b>5</b> Name of person from whom amount is received First Lockhart National Bank <hr style="border-top: 1px dotted black;"/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78748	<b>8</b> Amount (\$)  \$479.49
<b>7</b> Purpose for which amount is received Interest		<input type="checkbox"/> Check if political contribution returned to filer
Date 03/01/2026	Name of person from whom amount is received First Lockhart National Bank <hr style="border-top: 1px dotted black;"/> Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78748	Amount (\$)  \$1,867.73
Purpose for which amount is received Interest		<input type="checkbox"/> Check if political contribution returned to filer