

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017224	2 Total pages filed: 12
3 COMMITTEE NAME Texas Academy of Pediatric Dentistry Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5916 Steuben Court Dallas, TX 75248	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Dr. Robert E.	
		NICKNAME LAST SUFFIX Morgan	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5916 Steuben Court Dallas, TX 75248	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5916 Steuben Court Dallas, TX 75248	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (214) 502-1219	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 01/01/2024 THROUGH 06/30/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Academy of Pediatric Dentistry Political Action Committee	13 Filer ID (Ethics Commission Filers) 00017224
---	---

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,109.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,588.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 61,438.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Dr. Robert E. Morgan

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 - GPAC

17 COMMITTEE NAME Texas Academy of Pediatric Dentistry Political Action Committee		18 Filer ID (Ethics Commission Filers) 00017224
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,144.70
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 245.00
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	\$ 600.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 120.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,588.10
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/12
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017224
4 Date 01/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Bryan E.	7 Amount of Contribution (\$) \$104.15
	6 Contributor address; City; State; Zip Code Harlingen, TX 78550	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Bryan E.	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Bryan E.	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Bryan E.	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Bryan E.	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code Harlingen, TX 78550	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017224
4 Date 06/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Bryan E.	7 Amount of Contribution (\$) \$104.15
	6 Contributor address; City; State; Zip Code Harlingen, TX 78550	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppola, Kevin	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppola, Kevin	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppola, Kevin	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppola, Kevin	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code San Antonio, TX 78217	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017224
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppola, Kevin <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78217	7 Amount of Contribution (\$) \$104.15
8 Principal occupation / Job title (See Instructions) Pediatric Dentist		9 Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppola, Kevin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$104.15
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez III, Refugio <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy III, Paul A. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$104.15
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy III, Paul A. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$104.15
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017224
4 Date 03/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy III, Paul A.	7 Amount of Contribution (\$) \$104.15
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
8 Principal occupation / Job title (See Instructions) Pediatric Dentist		9 Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy III, Paul A.	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy III, Paul A.	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy III, Paul A.	Amount of Contribution (\$) \$104.15
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 06/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robus, Patricia (Clevenger)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Austin, TX 78749	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017224
4 Date 06/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robus, Patricia (Clevenger) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pediatric Dentist		9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/12	
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017224	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/30/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Robert E.	8 Amount of contribution (\$) \$120.00	9 In-kind contribution description Estimate of administrative/solicitation expenses on behalf of the committee during period
	7 Contributor address; City; State; Zip Code Dallas, TX 75248	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Pediatric Dentist		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Star Smiles Pediatric Dentistry	Amount of contribution (\$) \$125.00	In-kind contribution description Estimate of administrative/solicitation expenses on behalf of the committee during period
	Contributor address; City; State; Zip Code Georgetown, TX 78628	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 10/12
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017224
4 Date 01/31/2024	5 Corporation / Labor Organization name Texas Academy of Pediatric Dentistry	6 Amount (\$) 100.00
Date 02/29/2024	Corporation / Labor Organization name Texas Academy of Pediatric Dentistry	Amount (\$) 100.00
Date 03/31/2024	Corporation / Labor Organization name Texas Academy of Pediatric Dentistry	Amount (\$) 100.00
Date 04/30/2024	Corporation / Labor Organization name Texas Academy of Pediatric Dentistry	Amount (\$) 100.00
Date 05/31/2024	Corporation / Labor Organization name Texas Academy of Pediatric Dentistry	Amount (\$) 100.00
Date 06/30/2024	Corporation / Labor Organization name Texas Academy of Pediatric Dentistry	Amount (\$) 100.00

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 11/12
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017224
4 Date 06/30/2024	5 Corporation / Labor Organization name Texas Academy of Pediatric Dentistry	6 Amount (\$) 120.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 12/12	2 FILER NAME Texas Academy of Pediatric Dentistry Political Action	3 Filer ID (Ethics Commission Filers) 00017224
--	--	--

4 Date 01/12/2024	5 Payee name Johnson Campaign, Ann
-----------------------------	--

6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 56386 Houston, TX 77256
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
---------------------------------	---	--

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

Date 01/16/2024	Payee name PayPal
--------------------	----------------------

Amount (\$) \$88.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee from 1/16/24 to 6/28/24.
---------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--