FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017224 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Academy of Pediatric Dentistry Political Action Committee Date Received **ELECTRONICALLY FILED** 01/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5916 Steuben Court Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75248 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Robert E. NAME NICKNAME LAST **SUFFIX** Morgan STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5916 Steuben Court STREET **ADDRESS** (Residence or Business) Dallas, TX 75248 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5916 Steuben Court MAILING **ADDRESS** Dallas, TX 75248 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 502-1219 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)	
Texas Academy of Ped	iatric Dentistry Political	Action Committee	00017224	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Charles Schwertner State Sen	ator	
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,189.05
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	17,530.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	41,848.43
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u></u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Dr. Robert	E. Morgan	
		Signature of Car	mpaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Lois Kolkhorst State Senator (Describe by date and location of election and nature of issue.) A. Supported Lois Kolkhorst State Senator	nission Filers)
1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Judith Zaffirini State Senator Judith Zaffirini State Senator (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Lois Kolkhorst State Senator (Identify by name or, if applicable, classify by party.) B. Opposed	
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Describe by date and location of election and nature of issue.) A. Supported Lois Kolkhorst State Senator A. Supported Lois Kolkhorst State Senator 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Lois Kolkhorst State Senator	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported Lois Kolkhorst State Senator A. Supported Lois Kolkhorst State Senator 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Lois Kolkhorst State Senator	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Lois Kolkhorst State Senator A. Supported Lois Kolkhorst State Senator	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Lois Kolkhorst State Senator B. Opposed A. Supported	
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Lois Kolkhorst State Senator (Attach lists on plain paper to complete this report if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported A. Supported	
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.)	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported	
(Describe by date and location of election and nature of issue.)	
D. Opposed	
B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Chuy Hinojosa State Senator	
(Attach lists on plain paper to complete this report if necessary.) B. Opposed	
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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

						Page 4 of 17
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Academy of Pedi	iatric Dentistry Politic	al Action Com	nmittee	00017224	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jose Menendez State Ser	nator	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donna Campbell State Se	enator	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
		•				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 5 01 17
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Academy of Pedi	atric Dentistry Politic	al Action Cor	nmittee	00017224	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman State Senat	or	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE	1. Candidates	A. Supported	Adam Hinojosa State Sena	ator	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Additi ilitojosa State Sella		
(Attach lists on plain paper to complete this report if necessary.)		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.)				
00141417755		<u> </u>	0 0 0 0 0		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 6 of 17

Texas Academy of Pediatric Dentistry Political Action Committee Texas Academy of Pediatric Dentistry Political Action Committee 13 Filer ID (oxidates 00017224 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY 3. Officeholders Assisted Papers of Faspfolder (asset) by party. Assisted Papers of Faspfolder (asset) by party. (Attach lists on plain paper to complete this report if necessary.) E. Candidates Denvit Papers of Faspfolder (asset) by party. (Attach lists on plain paper to complete this report if necessary.) 2. Measures Denvit Papers of Faspfolder (asset) by party. 2. Measures Denvit Papers of Faspfolder (asset) by party. 2. Measures Denvit Papers of Faspfolder (asset) by party. 3. Officeholders (asset) by party. 3. Officeholders (asset) by party. 4. Supported Dan Patrick Lieutenant Governor Denvit Papers of Papers							1 age 0 et 11
1. Candidates (details by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (identity by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identity by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party). B. Opposed 2. Measures (Describe by date and location and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party). B. Opposed	12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
1. Candidates (details by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (identity by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identity by name or, if applicable, classify by party). (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party). B. Opposed 2. Measures (Describe by date and location and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party). B. Opposed	Texas Academy of Pediatric De	ntistry Political	Action Com	mittee		00017224	
paper to complete this report if necessary.) 2. Measures (Describe by date and tocation of election and nature of Issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by parry.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) A. Supported Dan Patrick Lieutenant Governor (Identify by name or, if applicable, classify by parry.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported Dan Patrick Lieutenant Governor A. Supported Dan Patrick Lieutenant Governor B. Opposed	14 COMMITTEE 1. Candidate ACTIVITY (Identify by	didates A.			State Representa		
(Attach lists on plain paper to complete this report if necessary.) Comparison of the comparison of	paper to complete this	B.	. Opposed				
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed	(Describe location of	by date and election and	. Supported				
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Dan Patrick Lieutenant Governor B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported A. Supported B. Opposed A. Supported A. Supported Obscribe by date and location of election and nature of issue.)		В.	. Opposed				
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if	Assi.	sted y name or, if					
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if			Supported	Dan Datrial	Liquitanant Cayarn	O.F.	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	ACTIVITY (Identify by	y name or, if	. Зирропей	Dan Patrick	ыешенані Govern	UI	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	paper to complete this	B.	. Opposed				
3. Officeholders Assisted (Identify by name or, if	(Describe location of	by date and election and	. Supported				
Assisted (Identify by name or, if		В.	. Opposed				
applicable, classify by party.)	Assi	sted					
	applicable	, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

					7 of 17
		EE NAME ademy of Pediatric Dentistry Political Action Committee	18 Filer ID 00017224	(Ethi	cs Commission Filers)
19 SCI	HEDULI	E SUBTOTALS SCHEDULE	0002.22		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	739.05
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	110.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	300.00
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	40.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	17,530.16
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/2 Rpt: 8/17	
2	FILER NAME Texas Acade	ME ademy of Pediatric Dentistry Political Action Committee			Filer ID (Ethics Commission 00017224	n Filers)
4	Date 11/16/2024	 Full name of contributor out-of-state PAC (ID#:_Burke, Bryan E. Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$104.15
8	Principal occu	Harlingen, TX 78550 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Manager	,		,		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#: Burke, Bryan E. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.15
		Harlingen, TX 78550				
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#: Coppola, Kevin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.15
		San Antonio, TX 78217				
	Principal occu Pediatric Dei	pation / Job title (See Instructions) ntist	Employer (See Instructions	5)		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#: Coppola, Kevin Contributor address; City; State; Zip Code San Antonio, TX 78217			Amount of Contribution (\$)	\$104.15
	Principal occu Pediatric Der	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/28/2024	Full name of contributor out-of-state PAC (ID#:_ Coppola, Kevin Contributor address; City; State; Zip Code San Antonio, TX 78217			Amount of Contribution (\$)	\$104.15
	Principal occu Pediatric De	pation / Job title (See Instructions) ntist	Employer (See Instructions	i)		
		-				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 2/2 Rpt: 9/17	
2	FILER NAME Texas Acade	ILER NAME exas Academy of Pediatric Dentistry Political Action Committee			Filer ID (Ethics Commission 00017224	n Filers)
4	Date 11/16/2024	 Full name of contributor out-of-state PAC (ID#:_Kennedy III, Paul A. Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$104.15
_		Corpus Christi, TX 78414				
8	Principal occu Pediatric De	pation / Job title (See Instructions) ntist	9 Employer (See Instructions)		
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#:_ Kennedy III, Paul A. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.15
	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)	Employer (See Instructions)		
Pediatric Dentist						
	Date Full name of contributor out-of-state PAC (ID#:) 11/08/2024 Robus, Patricia (Clevenger) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Austin, TX 78749				
	Principal occu Pediatric De	pation / Job title (See Instructions) ntist	Employer (See Instructions)		
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#:_ Robus, Patricia (Clevenger) Contributor address; City; State; Zip Code Austin, TX 78749			Amount of Contribution (\$)	\$5.00
Principal occupation / Job title (See Instructions) Employer (See Instruct Pediatric Dentist			Employer (See Instructions)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tla a las adams	ation Cuido combino bossato comunicto this f	1 Total pages Schedule A2:		
The Instruction Guide explains how to complete this form.			Sch: 1/1 Rpt: 10/17	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Texas Acad	emy of Pediatric Dentistry Political Action Committee	9	00017224	
4			_	
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description	
12/31/2024	Morgan, Robert E.		contribution (\$) description \$40.00 Estimate of	
	7 Contributor address; City; State; Zip Code		administrative/soliciation	
			expenses on behalf of the	
			committee during period	
	Dallas, TX 75248	1	Check if travel outside of Texas. Complete Schedule T.	
· ·	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)	
Pediatric De				
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 contribute	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution	
12/31/2024	Star Smiles Pediatric Dentistry	,	contribution (\$) description	
	Contributor address; City; State; Zip Code		\$70.00 Estimate of administrative/soliciation	
	, ,, ,		expenses on behalf of the	
			committee during period	
	Georgetown, TX 78628		Check if travel outside of Texas. Complete Schedule T.	
Principal occu	upation / 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 contribute	or'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: 11/17		
2				(Ethics Commission Filers)		
4	Date	emy of Pediatric Dentistry Political Action Committee 5 Corporation / Labor Organization name	000172 6 Amount			
L	10/31/2024	Texas Academy of Pediatric Dentistry		100.00		
Г	Date	Corporation / Labor Organization name	Amount	(\$)		
L	11/30/2024	Texas Academy of Pediatric Dentistry		100.00		
	Date	Corporation / Labor Organization name	Amount	()		
L	12/31/2024	Texas Academy of Pediatric Dentistry		100.00		

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Academy of Pediatric Dentistry Political Action Committee 00017224 5 Corporation / Labor Organization name 6 Amount (\$) Date 12/31/2024 40.00 Texas Academy of Pediatric Dentistry

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadala E4.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 1/5 Rpt: 13/17	2 FILER NAME Texas Academy of Pediatric Dentistry Political Action 3 Filer ID (Ethics Commission Filers) 00017224
4 Date	5 Payee name
11/19/2024	Friends of Donna Campbell
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1308 Common Street, Suite 205, Box 719
Expenditure from	New Presentale, TV 70100
corporate funds	New Braunfels, TX 78130
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Friends of Dr. Greg Bonnen
	9
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1183
Expenditure from corporate funds	Friendswood, TX 77549
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
12/03/2024	Garcia, Josey
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	718 Amber Knoll
Expenditure from	
corporate funds	San Antonio, TX 78251
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Political Contribution
	Total Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to beliefft C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Polling Expense
Salaries/Wanes/Contract Labor

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 2/5 Rpt: 14/17	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Academy of Pediatric Dentistry Political Action00017224
4 Date	5 Payee name
12/04/2024	Hinojosa, Adam
	· ·
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 18301
Expenditure from corporate funds	Corpus Christi, TX 78480
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political Contribution
O Compulate ONLY if direct	Condidate/Office helder name Office accept
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to seriem ere.	
Date	Payee name
12/11/2024	Hinojosa, Chuy
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1421
Ψ1,000.00	110. BOX 1421
Expenditure from	
corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLINDITORL	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payeo namo
12/04/2024	Payee name Kolkhorst, Lois
12/04/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 2546
Formation (C)	
Expenditure from corporate funds	Brenham, TX 77834
PURPOSE	·
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

Fees Office Overhead/Rents
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense
Legal Services Salaries/Wages/Contr

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 15/17	Texas Academy of Pediatric Dentistry Political Action 00017224
4 Date	5 Payee name
12/03/2024	Menendez, Jose
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 100833
- Evpanditura from	
Expenditure from corporate funds	San Antonio, TX 78201
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Total Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/04/2024	Parker, Tan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Contributions/Contributions/Donations Made By Contributions/C
	Candidate/Officeholder/Political Committee
	1 ontical Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
10/28/2024	PayPal
Amount (\$)	Payee address; City; State; Zip Code
\$30.16	2211 North First Street
Expenditure from	
corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LADITORE	Check if Austin, TX, officeholder living expense
	Processing fees for online/credit card contributions to committee from 10/28/24 to 12/28/24.
2 1: 2411.476.15	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponance of finance of	<u> </u>

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 16/17	Texas Academy of Pediatric Dentistry Political Action 00017224
4 Date	5 Payee name
12/11/2024	Texans for Charles Schwertner
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 2448
Expenditure from corporate funds	Georgetown, TX 78627
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	1 ontical contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/21/2024	Texans for Dan Patrick
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1 East Greenway Plaza, Suite 225
,_,,,,,,,,,	_ =
Expenditure from	
corporate funds	Houston, TX 77046
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- 1
Date	Douge name
	Payee name
12/11/2024	Texans for Joan Huffman
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	3733-1 Westheimer Road
	Suite 40
Expenditure from corporate funds	Houston, TX 77027
•	,
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Capter a cottogen and listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 17/17	Texas Academy of Pediatric Dentistry Political Action 00017224
4 Date	5 Payee name
12/03/2024	Zaffirini Campaign, Judith
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 627
Expenditure from corporate funds	Laredo, TX 78042
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H