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
01/15/2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

4 COMMITTEE ADDRESS
☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5916 Steuben Court
Dallas, TX 75248

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Dr.
FIRST: Robert E.
MI:
NICKNAME:
LAST: Morgan
SUFFIX:

6 CAMPAIGN TREASURER STREET ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5916 Steuben Court
Dallas, TX 75248

7 CAMPAIGN TREASURER MAILING ADDRESS
☐ 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

- ☒ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Dissolution (Attach PAC-DR)
- ☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year: 07/01/2025 THROUGH Month Day Year: 12/31/2025

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other
- ☐ General
- ☐ Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME	**13** Filer ID (Ethics Commission Filers)
Texas Academy of Pediatric Dentistry Political Action Committee	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	
		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) ☐ 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)	$ 2,934.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 80.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 52,241.73
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

FORM GPAC

COVER SHEET PG 3

17 COMMITTEE NAME	**18** Filer ID (Ethics Commission Filers)
Texas Academy of Pediatric Dentistry Political Action Committee	00017224

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 1,974.70
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$** 240.00
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
5.	[ ]	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
6.	[X]	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$** 600.00
7.	[X]	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	**$** 120.00
8.	[ ]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	**$**
9.	[ ]	SCHEDULE E: LOANS	**$**
10.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 80.52
11.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
12.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
13.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
14.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
15.	[ ]	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	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/26/2025	Bunch, Sheridan San Antonio, TX 78216	$25.00	Pediatric Dentist	
07/16/2025	Burke, Bryan E. Harlingen, TX 78550	$104.15	Manager	
08/16/2025	Burke, Bryan E. Harlingen, TX 78550	$104.15	Manager	
09/16/2025	Burke, Bryan E. Harlingen, TX 78550	$104.15	Manager	
10/16/2025	Burke, Bryan E. Harlingen, TX 78550	$104.15	Manager	

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	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
11/16/2025	Burke, Bryan E. **6** Contributor address; City; State; Zip Code: Harlingen, TX 78550	$104.15

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Manager	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
12/16/2025	Burke, Bryan E. Contributor address; City; State; Zip Code: Harlingen, TX 78550	$104.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Manager	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
07/28/2025	Coppola, Kevin Contributor address; City; State; Zip Code: San Antonio, TX 78217	$104.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Pediatric Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
08/28/2025	Coppola, Kevin Contributor address; City; State; Zip Code: San Antonio, TX 78217	$104.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Pediatric Dentist	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
09/28/2025	Coppola, Kevin Contributor address; City; State; Zip Code: San Antonio, TX 78217	$104.15

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Pediatric Dentist	

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	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of Contribution ($)
10/28/2025	Coppola, Kevin	$104.15
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78217	
8 Principal occupation / Job title (See Instructions): Pediatric Dentist	**9** Employer (See Instructions):	
Date: 11/28/2025	Full name of contributor / out-of-state PAC (ID#:): Coppola, Kevin	Amount of Contribution ($): $104.15
	Contributor address; City; State; Zip Code: San Antonio, TX 78217	
Principal occupation / Job title (See Instructions): Pediatric Dentist	Employer (See Instructions):	
Date: 12/28/2025	Full name of contributor / out-of-state PAC (ID#:): Coppola, Kevin	Amount of Contribution ($): $104.15
	Contributor address; City; State; Zip Code: San Antonio, TX 78217	
Principal occupation / Job title (See Instructions): Pediatric Dentist	Employer (See Instructions):	
Date: 07/16/2025	Full name of contributor / out-of-state PAC (ID#:): Kennedy III, Paul A.	Amount of Contribution ($): $104.15
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions): Pediatric Dentist	Employer (See Instructions):	
Date: 08/16/2025	Full name of contributor / out-of-state PAC (ID#:): Kennedy III, Paul A.	Amount of Contribution ($): $104.15
	Contributor address; City; State; Zip Code: Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions): Pediatric Dentist	Employer (See Instructions):	

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	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
09/16/2025	Kennedy III, Paul A. Corpus Christi, TX 78414	$104.15	Pediatric Dentist	
10/16/2025	Kennedy III, Paul A. Corpus Christi, TX 78414	$104.15	Pediatric Dentist	
11/16/2025	Kennedy III, Paul A. Corpus Christi, TX 78414	$104.15	Pediatric Dentist	
12/16/2025	Kennedy III, Paul A. Corpus Christi, TX 78414	$104.15	Pediatric Dentist	
09/26/2025	Loar, Roberto Austin, TX 78741	$50.00	Pediatric Dentist	

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
09/26/2025

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Tran, Rosie

6 Contributor address; City; State; Zip Code
Houston, TX 77064

7 Amount of Contribution ($)
$25.00

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: 12/31/2025

6 Full name of contributor ☐ out-of-state PAC (ID#:_____): Morgan, Robert E.

7 Contributor address; City; State; Zip Code: Dallas, TX 75248

8 Amount of contribution ($): $120.00

9 In-kind contribution description: Estimate of administrative/soliciation expenses on behalf of the committee during period.

☐ 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: 12/31/2025

Full name of contributor ☐ out-of-state PAC (ID#:_____): Star Smiles Pediatric Dentistry

Contributor address; City; State; Zip Code: Georgetown, TX 78628

Amount of contribution ($): $120.00

In-kind contribution description: Estimate of administrative/soliciation expenses on behalf of the committee during period.

☐ 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	**5** Corporation / Labor Organization name	**6** Amount ($)
07/31/2025	Texas Academy of Pediatric Dentistry	100.00
08/31/2025	Texas Academy of Pediatric Dentistry	100.00
09/30/2025	Texas Academy of Pediatric Dentistry	100.00
10/31/2025	Texas Academy of Pediatric Dentistry	100.00
11/30/2025	Texas Academy of Pediatric Dentistry	100.00
12/31/2025	Texas Academy of Pediatric Dentistry	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 12/31/2025	**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 07/16/2025	**5** Payee name PayPal	
6 Amount ($) $80.52 ☐ Expenditure from corporate funds	**7** 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 ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Processing fees for online/credit card contributions to committee from 7/16/25 to 12/28/25.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held