

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00017224	<b>2</b> Total pages filed: 9
<b>3</b> COMMITTEE NAME Texas Academy of Pediatric Dentistry Political Action Committee		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 02/23/2026	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5916 Steuben Court  Dallas, TX 75248		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Dr.	Robert E.	
	NICKNAME	LAST	SUFFIX
		Morgan	
<b>6</b> 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		
<b>7</b> 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		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(214)	502-1219	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 01/23/2026      THROUGH      02/21/2026		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Academy of Pediatric Dentistry Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00017224
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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)	\$ 1,972.45
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 333.25
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 50,920.99
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. 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**  
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<b>17 COMMITTEE NAME</b> Texas Academy of Pediatric Dentistry Political Action Committee		<b>18 Filer ID</b> 00017224	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,812.45
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	40.00
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	\$	100.00
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	20.00
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	\$	333.25
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

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/9
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 Filer ID (Ethics Commission Filers) 00017224
4 Date 02/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burke, Bryan E. ..... 6 Contributor address; City; State; Zip Code  Harlingen, TX 78550	7 Amount of Contribution (\$)  \$104.15
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cabello, Christian ..... Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coppola, Kevin ..... 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 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jordan, Elva ..... Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jordan, Elva ..... Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pediatric 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: 2/2 Rpt: 5/9
<b>2</b> FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017224
<b>4</b> Date 02/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kennedy III, Paul A. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	<b>7</b> Amount of Contribution (\$)  \$104.15
<b>8</b> Principal occupation / Job title (See Instructions) Pediatric Dentist		<b>9</b> Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Loar, Roberto <hr/> Contributor address; City; State; Zip Code  Austin, TX 78741	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mendez, Maria Jose Cervantes <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Opaneye, Oluwakare <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414-4119	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Theriot, Adrien <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/9	
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 02/21/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Robert E.	8 Amount of contribution (\$) \$20.00	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		
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 02/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Star Smiles Pediatric Dentistry	Amount of contribution (\$) \$20.00	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		
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C3: Sch: 1/1 Rpt: 7/9
<b>2</b> FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017224
<b>4</b> Date 01/31/2026	<b>5</b> Corporation / Labor Organization name Texas Academy of Pediatric Dentistry	<b>6</b> Amount (\$) 100.00

**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: 8/9
<b>2</b> FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00017224
<b>4</b> Date 02/21/2026	<b>5</b> Corporation / Labor Organization name Texas Academy of Pediatric Dentistry	<b>6</b> Amount (\$) 20.00

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 9/9	<b>2</b> FILER NAME Texas Academy of Pediatric Dentistry Political Action	<b>3</b> Filer ID (Ethics Commission Filers) 00017224
<b>4</b> Date 02/02/2026	<b>5</b> Payee name Cabello, Christian	
<b>6</b> Amount (\$) \$200.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6910 McPherson Road, Suite 2  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution received.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name Jordan, Elva	
Amount (\$) \$50.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Laredo, TX 78045	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of contribution received.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2026	Payee name PayPal	
Amount (\$) \$83.25  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 1/28/26 to 2/16/26.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held