

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Texas Academy of Pediatric Dentistry Political Action Committee **ACCOUNT #** 00017224

13 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	See Schedule F
		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)		

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$100 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <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)	\$	8,260.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	5,880.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	83,774.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

15 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.

Tamela L Gough

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 3/11	
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 ACCOUNT # (Ethics Commission filers) 00017224	
4 Date 06/30/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert M. Tate Jr. DDS PA 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of contribution (\$) \$140.00	8 In-kind contribution description (if applicable) Estimate of administrative/solicitation expenses on behalf of the committee during the period.
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Pediatric Dentist		10 Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andersen, Scott Contributor address; City; State; Zip Code The Woodlands, TX 77381	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burke, Linda Contributor address; City; State; Zip Code Harlingen, TX 78550	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Case, John H. Contributor address; City; State; Zip Code College Station, TX 77845	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Choate, Barrie Barber DDS Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/11	
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 ACCOUNT # (Ethics Commission filers) 00017224	
4 Date 04/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Christopher 6 Contributor address; City; State; Zip Code Southlake, TX 76092	7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Pediatric Dentist		10 Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Echeverri, Elsa Contributor address; City; State; Zip Code Houston, TX 77055	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffin, Fred Contributor address; City; State; Zip Code Lufkin, TX 75904	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hochstein, Brian Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holmes, Ferrin Contributor address; City; State; Zip Code Garland, TX 75043	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/11	
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 ACCOUNT # (Ethics Commission filers) 00017224	
4 Date 04/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaynes, Jeffrey C. DDS 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Pediatric Dentist		10 Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Paul III Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kogut, Mark H. DDS Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyles, Catherine Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	
Date 04/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ousley, Jon S. DDS Contributor address; City; State; Zip Code Dallas, TX 75237	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pediatric Dentist		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/11	
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 ACCOUNT # (Ethics Commission filers) 00017224	
4 Date 06/30/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tamela L. Gough DDS MS PA 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) Estimate of administrative/solicitation expenses on behalf of the committee during the period.
9 Principal occupation / Job title (See Instructions) Pediatric Dentist		10 Employer (See Instructions)	
4 Date 04/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trotter, Amanda Rider DDS 6 Contributor address; City; State; Zip Code Waco, TX 76712	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Pediatric Dentist		10 Employer (See Instructions)	
4 Date 04/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wade, Herbert L. DDS 6 Contributor address; City; State; Zip Code Bryan, TX 77802	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Pediatric Dentist		10 Employer (See Instructions)	
4 Date 04/23/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilkerson, Michael Keith 6 Contributor address; City; State; Zip Code Midland, TX 79705	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Pediatric Dentist		10 Employer (See Instructions)	

**CORPORATION OR LABOR ORGANIZATION
CONTRIBUTIONS FOR ADMINISTRATION/SOLICITATION****SCHEDULE C-2**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 8/11
2 COMMITTEE NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 ACCOUNT # (Ethics Commission filers) 00017224
4 Date 06/30/2008	5 Corporate / Labor Organization name Texas Academy of Pediatric Dentistry	6 Amount (\$) \$120.00

POLITICAL EXPENDITURES

SCHEDULE F (FOR FORMS GPAC AND MPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 9/11
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 ACCOUNT # (Ethics Commission filers) 00017224
4 Date 05/14/2008	5 Payee name Bryan Daniel Campaign 6 Payee address; City; State; Zip Code P.O. Box 1207 Round Rock, TX 78681	7 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds
8 Purpose of payment (See instructions regarding type of information required.) Political contribution to support Republican candidate for State Representative District 52. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/28/2008	Payee name Charlie Geren Campaign Payee address; City; State; Zip Code PO Box 1440 Fort Worth, TX 76101	Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution to support Republican candidate for State Representative District 99. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/24/2008	Payee name David Dewhurst Committee Payee address; City; State; Zip Code PO Box 756 Austin, TX 78767	Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution to support Republican candidate for Lieutenant Governor. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/17/2008	Payee name Judith Zaffirini Campaign Payee address; City; State; Zip Code PO Box 627 Laredo, TX 78042	Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution to support Democratic candidate for State Senate District 21. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F (FOR FORMS GPAC AND MPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 10/11
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 ACCOUNT # (Ethics Commission filers) 00017224
4 Date 03/05/2008	5 Payee name Pair, Laurie 6 Payee address; City; State; Zip Code PO Box 5908 Austin, TX 78763	7 Amount (\$) \$530.00 <input type="checkbox"/> Expenditure from corporate funds
8 Purpose of payment (See instructions regarding type of information required.) Reporting services. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/15/2008	Payee name Tara Rios Ybarra Campaign Payee address; City; State; Zip Code P.O. Box 3967 South Padre Island, TX 78597	Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution to support Democratic candidate for State Representative District 43. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/28/2008	Payee name Texans for Bob Deuell Payee address; City; State; Zip Code PO Box 8609 Greenville, TX 75404	Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution to support Republican candidate for State Senate District 2. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/24/2008	Payee name Tony Goolsby Campaign Payee address; City; State; Zip Code 9 Cheltenham Way Dallas, TX 75230	Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution to support Republican candidate for State Representative District 102. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F (FOR FORMS GPAC AND MPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 11/11
2 FILER NAME Texas Academy of Pediatric Dentistry Political Action Committee		3 ACCOUNT # (Ethics Commission filers) 00017224
4 Date 05/14/2008	5 Payee name Veronica Gonzales Campaign 6 Payee address; City; State; Zip Code 605 Water Lily McAllen, TX 78504	7 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds
8 Purpose of payment (See instructions regarding type of information required.) Political contribution to support Democratic candidate for State Representative District 41. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/28/2008	Payee name Veronica Gonzales Campaign Payee address; City; State; Zip Code 605 Water Lily McAllen, TX 78504	Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution to support Democratic candidate for State Representative District 41. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/28/2008	Payee name Vicki Truitt Campaign Payee address; City; State; Zip Code PO Box 886 Keller, TX 76244	Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) Political contribution to support Republican candidate for State Representative District 98. (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: