# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

(512)463-5800

The C	GPAC INSTRUCTION GUI	IDE explains how to comple	te this form.	1 ACCOUNT # (Ethics Commission 00017224	on filers)	2 PAGE#	
<b>3</b> C	OMMITTEE NAME					OFFIC	CE USE ONLY
T	exas Academy of	Pediatric Dentistry Poli	tical Action Cor	mmittee		Date Received	
	OMMITTEE DDRESS	ADDRESS / PO BOX; APT / S	SUITE #; (	CITY; STATE;	ZIP CODE		
	DDNESS	c/o Tamela Gough DDS 201 N. Alma Drive Suit	S MS PA e 100				
	Change of Address	Allen, TX 75013				Date Hand-deli	ivered or Date Postmarked
<b>5</b> C	AMPAIGN	MS / MRS / MR	FIRST		MI	-	
	REASURER AME		Tamela L.			Receipt #	Amount
		NICKNAME	LAST		SUFFIX	Date Processe	<b>_</b>
		Gough DDS			Date Imaged		
6 C	AMPAIGN	STREET ADDRESS (NO PO BOX F	PLEASE); APT / SUI	TE #; CITY;	STATE;	ZIP CODE	
	REASURER'S TREET ADDRESS	201 N. Alma Drive Suit	e 100				
(R	Residence or business)	Allen, TX 75013					
		STREET OR PO BOX;	APT/9	SUITE#; CI	TY; STA	ATE;	ZIP CODE
Ti	AMPAIGN REASURER'S		711 170	56.1.2,	,	,	L., 00BL
M	IAILING ADDRESS	c/o Tamela Gough DDS	S MS PA				
		201 N. Alma Drive Suit Allen, TX 75013	e 100				
	Change of Address	7,11011, 17, 70010					
		ADEA CODE	- NUMBER	EVTENO			
Ti	AMPAIGN REASURER	AREA CODE PHONE (972) 727-0737	ENUMBER	EXTENSION	ON		
PI	HONE	(972) 727-0737					
9 R	EPORT TYPE	January 15	30th day before elec	tion		Dissolutio	n (attach PAC-DR)
			8th day before electi	on		10th day a	after campaign
		X July 15	Runoff				termination
10 PI	ERIOD OVERED	Month Day Year	THRC	Mor DUGH	·	Year	
		02/24/2008			06/30/2	2008	
11 EI	LECTION	ELECTION DATE  Month Day Year	ELECTION TY	PE			
		11/04/2008	Primar	y Runoff	X	General	Special
	· · · · · · · · · · · · · · · · · · ·						
	GO TO PAGE 2						
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### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS**

#### FORM GPAC COVER SHEET PG 2

12	COMMITTEE Tex	as Academy of Pedi	atric Dentistry Political Action Committee	ACCOUNT # 00017224	
13	COMMITTEE ACTIVITY	1. Candidates	A. Supported See Schedule F		
	(Attach lists on	(identify by name or, if applicable, classify by party)	B. Opposed		
	plain paper to complete this report if	2. Measures	A. Supported		
	necessary.)	(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)			
14	CONTRIBUTION TOTALS	PLEDGES, LO	ICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED LESS IF QUALIFIED FOR HIGHER THRESHOLD)	\$	0.00
		☐ Check h	ere if this report qualifies for the higher itemization threshold.		
			ITICAL CONTRIBUTIONS N PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8	3,260.00
	EXPENDITURE TOTALS	3. TOTAL POLIT	ICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
		4. TOTAL POL	ITICAL EXPENDITURES	\$ 5	5,880.00
	CONTRIBUTION BALANCE		ICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 83	3,774.41
	OUTSTANDING LOAN TOTALS		SIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE THE REPORTING PERIOD	\$	0.00
15	AFFIDAVIT		I swear, or affirm, under penalty of perjudence is true and correct and includes a reported by me under Title 15, Election	I information required	
			Tamela L Gough		
			Signature of Campaig	n Treasurer	
AFI	FIX NOTARY STAMP / SE	AL ABOVE			
Sw	orn to and subscribe	ed before me, by the sa	aid	_ , this the	day
of _	,20	0, to certify v	which, witness my hand and seal of office.		
	signature of officer adm	inistering oath	Printed name of officer administering oath Title of	officer administering oath	

## SCHEDULE A

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 1/5	5 Report: 3/11		
2	FILER NAME	Texas Academy of Pediatric Dentistry Political Ad	ction Committee	3 ACCOUNT # 00017224	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Albert M. Tate Jr. DDS PA	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Estimate of		
	06/30/2008	<b>6</b> Contributor address; City; State; Zip Code Austin, TX 78759		\$140.00	administrative/solicitatio- n expenses on behalf of the committee during the period.		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	10 Employer (See In	structions)			
	Date	Full name of contributor  ut-of-state PAC (ID# Andersen, Scott	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/23/2008	Contributor address; City; State; Zip Code		\$500.00	I I		
		The Woodlands, TX 77381			_		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/23/2008	Contributor address; City; State; Zip Code		\$500.00	l I		
		Harlingen, TX 78550		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	Tokking, complete contaction,		
	Pediatric Den						
	Date	Full name of contributor  uut-of-state PAC (ID# Case, John H.	<u>t</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/23/2008	Contributor address; City; State; Zip Code College Station, TX 77845		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	04/23/2008	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$250.00	 		
		Dallas, TX 75230			I		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)			

## SCHEDULE A

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5	5 Report: 4/11			
2	FILER NAME	Texas Academy of Pediatric Dentistry Political Ad	ction Committee	3 ACCOUNT # 00017224	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Davis, Christopher	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	04/23/2008	6 Contributor address; City; State; Zip Code		\$250.00	 			
		Southlake, TX 76092			I			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	10 Employer (See In	structions)				
	Date	Full name of contributor  ut-of-state PAC (ID# Echeverri, Elsa	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	04/23/2008	Contributor address; City; State; Zip Code		\$100.00	 			
		Houston, TX 77055						
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)				
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	04/23/2008	Contributor address; City; State; Zip Code		\$100.00	 			
		Lufkin, TX 75904		(If travel outside of	Texas, complete Schedule T)			
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	04/23/2008	Contributor address; City; State; Zip Code  Murphy, TX 75094		\$500.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	<u> </u>				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	04/23/2008	Contributor address; City; State; Zip Code		\$500.00	 			
		Garland, TX 75043			I			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)				

#### 1-800-325-8506 SCHEDULE A

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5	5 Report: 5/11
2	FILER NAME	Texas Academy of Pediatric Dentistry Political Ac	ction Committee	3 ACCOUNT# 00017224	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Jaynes, Jeffrey C. DDS	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/23/2008	6 Contributor address; City; State; Zip Code		\$250.00	 
		Plano, TX 75023			l
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2008	Contributor address; City; State; Zip Code		\$500.00	 
		Corpus Christi, TX 78414			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2008	Contributor address; City; State; Zip Code		\$500.00	I I
		Dallas, TX 75248		(If travel outside of	Texas, complete Schedule T)
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Lyles, Catherine	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2008	Contributor address; City; State; Zip Code		\$100.00	 
		San Antonio, TX 78217			l
				,	Texas, complete Schedule T)
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2008	Contributor address; City; State; Zip Code		\$250.00	 
		Dallas, TX 75237			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)	

#### 1-800-325-8506 SCHEDULE A

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5	5 Report: 6/11
2	FILER NAME	Texas Academy of Pediatric Dentistry Political Ac	ction Committee	3 ACCOUNT # 00017224	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Plunk, Michael D. DDS	or		8
	04/23/2008	6 Contributor address; City; State; Zip Code		\$500.00	 
		Dallas, TX 75218			I
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Pediatric Den	pation / Job title (See Instructions) tist	10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Raub, Joseph R. Jr.	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2008	Contributor address; City; State; Zip Code		\$500.00	 
		Temple, TX 76505			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Pediatric Den	pation / Job title (See Instructions) tist	Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2008	Contributor address; City; State; Zip Code		\$250.00	I I
		Friendswood, TX 77546		(If travel outside of	Texas, complete Schedule T)
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)	
	Date	Full name of contributor  uut-of-state PAC (ID# Rozas, Melissa	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2008	Contributor address; City; State; Zip Code		\$500.00	 
		Coppell, TX 75019			I
	Deinainal assur	otion / Joh title (Con Instructions)	Francisco (Coo la	,	Texas, complete Schedule T)
	Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)	
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/23/2008	Contributor address; City; State; Zip Code		\$500.00	 
		Garland, TX 75044			I
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Pediatric Den	ation / Job title (See Instructions) tist	Employer (See In	structions)	

### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5	5 Report: 7/11
2 FILER NAME	Texas Academy of Pediatric Dentistry Political Ac	ction Committee	3 ACCOUNT # 00017224	(Ethics Commission filers)
4 Date	Tamela L. Gough DDS MS PA		7 Amount of contribution (\$)	8
06/30/2008	Allen, TX 75013		\$150.00	n expenses on behalf of the committee during the period.
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Pediatric Der	pation / Job title (See Instructions) htist	10 Employer (See In	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/23/2008	Contributor address; City; State; Zip Code Waco, TX 76712		\$200.00	 
	W400, 1X70712			
			(If travel outside of	Texas, complete Schedule T)
Principal occup Pediatric Der	pation / Job title (See Instructions) htist	Employer (See In	structions)	
Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/23/2008	Contributor address; City; State; Zip Code Bryan, TX 77802		\$500.00	 
			<u> </u>	Texas, complete Schedule T)
Principal occup Pediatric Der	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor  uut-of-state PAC (ID# Wilkerson, Michael Keith	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/23/2008	Contributor address; City; State; Zip Code		\$500.00	 
	Midland, TX 79705			ı
			,	Texas, complete Schedule T)
Principal occup Pediatric Der	pation / Job title (See Instructions) htist	Employer (See In	structions)	

# CORPORATION OR LABOR ORGANIZATION CONTRIBUTIONS FOR ADMINISTRATION/SOLICITATION

#### SCHEDULE C-2

(512)463-5800

	The Instruction Guide explains how to complete this form.			PAGE # Schedule: 1/1 Report: 8/11	
2	2 COMMITTEE Texas Academy of Pediatric Dentistry Political Action Committee NAME		3	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	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3	Report: 9/11
2 FILER NAME	Texas Academy of Pediatric Dentistry Political Ac	tion Committee	3 ACCOUNT# 00017224	(Ethics Commission filers)
4 Date	5 Payee name Bryan Daniel Campaign	1		7 Amount (\$)
05/14/2008	6 Payee address; City; State; Zip Code			\$250.00
	P.O. Box 1207 Round Rock, TX 78681			Expenditure from corporate funds
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 · · Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
	tion to support Republican candidate for State District 52.		aor namo.	
(I	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Charlie Geren Campaign			Amount (\$)
04/28/2008	Payee address; City; State; Zip Code PO Box 1440			\$250.00
	Fort Worth, TX 76101			Expenditure from corporate funds
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officehold		fit Candidate/Officeholder
Political contribut Representative [	tion to support Republican candidate for State			
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name David Dewhurst Committee			Amount (\$)
06/24/2008	Payee address; City; State; Zip Code PO Box 756			\$1,000.00
	Austin, TX 78767			Expenditure from corporate funds
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officehold		fit Candidate/Officeholder
Political contribu Lieutenant Gove	tion to support Republican candidate for rnor.	Office sought:		
(II	f travel outside of Texas, complete Schedule T)	Office held:		
Date	Payee name Judith Zaffirini Campaign			Amount (\$)
04/17/2008	Payee address; City; State; Zip Code PO Box 627			\$1,000.00
	Laredo, TX 78042			Expenditure from corporate funds
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
Political contribution Senate District 2	tion to support Democratic candidate for State  1.	Office country		
(I:	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

## **POLITICAL EXPENDITURES**

#### SCHEDULE F

(FOR FORMS GPAC AND MPAC)

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

## **POLITICAL EXPENDITURES**

#### SCHEDULE F

(FOR FORMS GPAC AND MPAC)

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3	Report: 11/11
2 FILER NAME	Texas Academy of Pediatric Dentistry Political A	ction Committee	3 ACCOUNT # 00017224	(Ethics Commission filers)
4 Date	5 Payee name Veronica Gonzales Campaign			7 Amount (\$)
05/14/2008	6 Payee address; City; State; Zip Code 605 Water Lily			\$250.00
	McAllen, TX 78504			Expenditure from corporate funds
required.)	ment (See instructions regarding type of information tion to support Democratic candidate for State	9 · Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••
Representative I	ition to support Democratic candidate for State District 41.  f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
	•			
Date	Payee name Veronica Gonzales Campaign			Amount (\$)
05/28/2008	Payee address; City; State; Zip Code 605 Water Lily			\$250.00
	McAllen, TX 78504			Expenditure from corporate funds
required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder ••
Political contribute Representative I	tion to support Democratic candidate for State			
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Vicki Truitt Campaign			Amount (\$)
04/28/2008	Payee address; City; State; Zip Code PO Box 886			\$500.00
	Keller, TX 76244			Expenditure from corporate funds
required.)	ment (See instructions regarding type of information	Candidate / Officehol		fit Candidate/Officeholder **
Representative I	_	Office sought:		
(If	f travel outside of Texas, complete Schedule T)	Office held:		