

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) 00016515	2 Total pages filed: 13
3 COMMITTEE NAME Texas Right To Life PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4500 Bissonnet St. Ste. 305 Bellaire, TX 77401		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Mrs. Rebecca	
	NICKNAME LAST SUFFIX	Weaver	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4500 Bissonnet St., Suite 305 Bellaire, TX 77401		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4500 Bissonnet St., Suite 305 Bellaire, TX 77401		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	782-5433	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10/29/2023		12/31/2023
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
		<input 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

12 COMMITTEE NAME Texas Right To Life PAC	13 Filer ID (Ethics Commission Filers) 00016515
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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) <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)	\$ 2,595.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,579.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 49,374.66
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.

Mrs. Rebecca Weaver

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
3 of 13

17 COMMITTEE NAME Texas Right To Life PAC		18 Filer ID 00016515	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,595.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
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 type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
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	\$	3,364.38
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	215.32
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/13
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI <hr/> Contributor address; City; State; Zip Code PLANO, TX 75023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOUDREAU, NICOLE M. <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) HINES		Employer (See Instructions) PROPERTY MANAGER
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOUDREAU, NICOLE M. <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) HINES		Employer (See Instructions) PROPERTY MANAGER
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG, STEVEN C. <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77072	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/13
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUFFY, PAUL <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78757	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUFFY, PAUL <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MELISSA <hr/> Contributor address; City; State; Zip Code PLAINVIEW, TX 79073	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MELISSA <hr/> Contributor address; City; State; Zip Code PLAINVIEW, TX 79073	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76131	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) MAINTENANCE TECHNICIAN - RETIRED		Employer (See Instructions) US POSTAL SERVICE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/13
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 12/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN <hr/> 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76131	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) MAINTENANCE TECHNICIAN - RETIRED		9 Employer (See Instructions) US POSTAL SERVICE
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77008	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77008	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCAFFETY, BRUCE & SUZI <hr/> Contributor address; City; State; Zip Code SPRING, TX 77388	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) PASTOR		Employer (See Instructions) CANDLESTICK BAPTIST CHURCH
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCAFFETY, BRUCE & SUZI <hr/> Contributor address; City; State; Zip Code SPRING, TX 77388	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) PASTOR		Employer (See Instructions) CANDLESTICK BAPTIST CHURCH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/13
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'CONNOR, IRENE H. <hr/> 6 Contributor address; City; State; Zip Code GRAND PRAIRIE, TX 75050	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) INTERNATIONAL PAPER COMPANY
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'CONNOR, IRENE H. <hr/> Contributor address; City; State; Zip Code GRAND PRAIRIE, TX 75050	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) INTERNATIONAL PAPER COMPANY
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REECE, MATTHEW <hr/> Contributor address; City; State; Zip Code GRAPEVINE, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PROGRAM MANAGER		Employer (See Instructions) LOCKHEED MARTIN
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REECE, MATTHEW <hr/> Contributor address; City; State; Zip Code GRAPEVINE, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PROGRAM MANAGER		Employer (See Instructions) LOCKHEED MARTIN
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEPULVEDA, CARLOS <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75225	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/13
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 12/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEPULVEDA, CARLOS <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75225	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TENNILLE, RICHARD N. <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) CONOCO

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: 1/2 Rpt: 9/13	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
4 Date 11/29/2023	5 Payee name Allman and Associates, Inc.	
6 Amount (\$) \$1,510.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9600 Great Hills Trail Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT FOR TAX RETURN PREPARATION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name FIRST DATA MERCHANT SERVICES	
Amount (\$) \$409.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2023	Payee name Principios PAC	
Amount (\$) \$1,100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4500 Bissonnet Street Suite 305 Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN CONTRIBUTION TO PRINCIPIOS PAC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 2/2 Rpt: 10/13	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
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4 Date 11/03/2023	5 Payee name TEXAS RIGHT TO LIFE COMMITTEE, INC.
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6 Amount (\$) \$3.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4500 BISSONNET ST 305 BELLAIRE, TX 77401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EMAIL EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL EXPENSE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2023	Payee name VISA
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Amount (\$) \$258.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 900 METRO CENTER BLVD FOSTER CITY, CA 94404
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT ON A CREDIT CARD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2023	Payee name VISA
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Amount (\$) \$83.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 900 METRO CENTER BLVD FOSTER CITY, CA 94404
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT ON A CREDIT CARD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 1/3 Rpt: 11/13	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 12/19/2023	6 Payee name AMAZON
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7 Amount (\$) \$43.22 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 410 TERRY AVE N SEATTLE, WA 98109
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SUPPLIES PURCHASE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PURCHASING FORMS W2
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/19/2023	Payee name AMAZON
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Amount (\$) \$27.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 TERRY AVE N SEATTLE, WA 98109
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SUPPLIES PURCHASE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PURCHASING FORMS 1099
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 2/3 Rpt: 12/13	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 11/05/2023	6 Payee name GODADDY.COM
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7 Amount (\$) \$31.29 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 14455 NORTH HAYDEN ROAD SUITE 219 SCOTTSDALE, AZ 85260
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WEBSITE HOSTING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEBSITE HOSTING
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/11/2023	Payee name MAILCHIMP
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Amount (\$) \$52.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EMAIL DELIVERY	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL DELIVERY
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 3/3 Rpt: 13/13	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 12/11/2023	6 Payee name MAILCHIMP	
7 Amount (\$) \$61.56 <input type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EMAIL DELIVERY	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL DELIVERY
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held