#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016515 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Right To Life PAC Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4500 Bissonnet St. Date Hand-delivered or Date Postmarked Ste. 305 Change of Address Bellaire, TX 77401 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Rebecca NAME NICKNAME LAST **SUFFIX** Weaver STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4500 Bissonnet St., Suite 305 STREET **ADDRESS** (Residence or Business) Bellaire, TX 77401 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4500 Bissonnet St., Suite 305 MAILING **ADDRESS** Bellaire, TX 77401 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 782-5433 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (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.)  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	00016515	
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  5. CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	tative State	e Representative
2. Measures (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.)  5. CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		
(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.)  5. CONTRIBUTION    TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		
3. Officeholders    Assisted    (Identify by name or, if applicable, classify by party.)  5 CONTRIBUTION    TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		
Assisted (Identify by name or, if applicable, classify by party.)  5 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		
TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		
theck here it this report qualifies for the higher iternization threshold	\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	885.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$	0.00
4. TOTAL POLITICAL EXPENDITURES	\$	19,416.25
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. OF THE REPORTING PERIOD	AY \$	36,977.31
OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	<b>\$</b>	0.00
S AFFIDAVIT	·	
I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.		
Mrs. Rebecc	na Waayar	
Signature of Cam		 irer
	3	
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		

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Right To Life PAG	С			00016515
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stephanie Klick for State Repres	centative State Representative
(Attach lists on plain paper to complete this report if necessary.)		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.)			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Marc LaHood for State Represer	ntative State Representative
(Attach lists on plain paper to complete this report if necessary.)		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.)			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Jared Woodfill for State Represe	entative State Representative
(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted  A. Supported (Identify by name or, if applicable, classify by party.)  B. Opposed	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  2. Measures (Describe by date and cather of issue)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and cather of issue)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Marc LaHood for State Represe of the party

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Right To Life PAC	C			00016515
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Christi Craddick for Texas Railro Commissioner	L ad Commissioner Railroad
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE	1. Candidates	A. Supported	Jimmy Blacklock for Supreme Co	ourt of Texas Supreme Court Justice
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			·
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Devine for Supreme Court	of Texas Supreme Court Justice
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		<del></del>
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
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12	COMMITTEE NAME				13 Filer ID (E	Ethics Commission Filers)
	Texas Right To Life PAG	C			00016515	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		David Schenck for Texas Court Appeals, Judge	of Criminal Appea	als Court Of Criminal
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Gina Parker for Texas Court of C Appeals, Judge	Criminal Appeals	Court Of Criminal
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Michelle Slaughter for Texas Co Criminal Appeals, Judge	urt of Criminal Ap	peals Court Of
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				

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12	COMMITTEE NAME				<b>13</b> Filer ID (Ethics Commission Filers)
	Texas Right To Life PAG	C			00016515
14	COMMITTEE	1. Candidates	A. Supported	Paul Bettencourt for State Senat	or State Senator
	ACTIVITY	(Identify by name or, if		r dar Bottorioodir for Glato Gorial	or State Seriator
		applicable, classify by party.)			
	(Attach lists on plain		B. Opposed		
	paper to complete this report if necessary.)				
		2. Measures	A. Supported		
		(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.)			
	COMMITTEE	Candidates	<u> </u>	Angela Paxton for State Senator	State Senator
	ACTIVITY	(Identify by name or, if		Angela Paxion for State Senator	State Seriator
		applicable, classify by party.)			
	(Attach lists on plain		B. Opposed		
	paper to complete this report if necessary.)				
		2. Measures	A. Supported		
		(Describe by date and location of election and			
		nature of issue.)	D. Onnesed		
			B. Opposed		
		3. Officeholders			
		Assisted			
		(Identify by name or, if applicable, classify by party.)			
	COMMITTEE	Candidates	A. Supported	Phil King for State Senator State	e Senator
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			
		applicable, classify by partyly			
	(Attach lists on plain paper to complete this		B. Opposed		
	report if necessary.)				
		2 Magazza	A. Supported		
		Measures     (Describe by date and	A. Supported		
		location of election and nature of issue.)			
			B. Opposed		
		3. Officeholders			
		Assisted (Identify by name or, if			
		applicable, classify by party.)			

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					Page 7 01 39
COMMITTEE NAME	_			13 Filer ID	(Ethics Commission Filers)
Texas Right To Life PAC	Ü			00016515	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker for State Senator S	State Senator	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Adam Hinojosa for State Senat	or State Senato	or
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Jace Yarbrough for State Sena	tor State Senat	or
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				

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12	COMMITTEE NAME					13 Filer ID (Ethics Commission Filers)
	Texas Right To Life PAG					00016515
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Daniel Alders for State Represer	entative State Representative
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported		
			B.	Opposed		
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	Paulette Carson for State Repre	esentative State Representative
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)		Supported		
			B.	Opposed		
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Brian Harrison for State Represe	entative State Representative
	(Attach lists on plain paper to complete this report if necessary.)		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				
		Assisted				

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12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Right To Life P.	AC			00016515
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Joanne Shofner for State Repres	entative State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Steve Toth for State Representat	ive State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Janis Holt for State Representation	ve State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Right To Life PAG	C			00016515
	Candidates     (Identify by name or, if applicable, classify by party.)		Terry Wilson for State Represent	tative State Representative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
	1. Candidates (Identify by name or, if applicable, classify by party.)		Terri Leo-Wilson for State Repre	sentative State Representative
paper to complete this		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.)			
	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen for State Represer	ntative State Representative
paper to complete this		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.)			
		Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  2. Measures (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.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (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.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  2. Measures (Describe by date and location of election and nature of lissue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report of the spicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report of experiments)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report of experiments)  (Describe by date and location of election and rature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE  ACTIVITY  (Attach lists on plain paper to complete this report of election and rature of election and ratu

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Right To Life PAG	C			00016515
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cody Vasut for State Representa	ative State Representative
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		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.)			
	COMMITTEE	1. Candidates	A. Supported	Jeff Barry for State Representati	ve State Representative
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			·
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	A.J. Louderback for State Repre	sentative State Representative
	(Attach lists on plain paper to complete this report if necessary.)		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.)			

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				<u> </u>
OMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
exas Right To Life PA	C			00016515
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Janie Lopez for State Represent	ative State Representative
ttach lists on plain uper to complete this port if necessary.)		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.)			
OMMITTEE CTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Caroline Harris Davila for State F	Representative State Representative
ttach lists on plain uper to complete this port if necessary.)		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.)			
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Wes Virdell for State Representa	tive State Representative
ttach lists on plain uper to complete this port if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	2 Officeholders			
t t	TIVITY tach lists on plain per to complete this	(Describe by date and location of election and nature of issue.)  3. Officeholders	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  A. Supported Wes Virdell for State Representation of the complete this port if necessary.)  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed

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COMMITTEE NAME Texas Right To Life PAC	2			13 Filer ID (Ethics Commission Filers)
	2			
				00016515
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Hillary Hickland for State Repres	entative State Representative
Attach lists on plain aper to complete this eport if necessary.)		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.)			
COMMITTEE	1. Candidates (Identify by name or, if applicable, classify by party.)		Devvie Duke for State Represent	tative State Representative
Attach lists on plain paper to complete this eport if necessary.)		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.)			
COMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mike Olcott for State Representa	tive State Representative
Attach lists on plain aper to complete this eport if necessary.)		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.)			
	Attach lists on plain aper to complete this export if necessary.)  OMMITTEE CTIVITY  Attach lists on plain aper to complete this	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain aper to complete this apport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  Attach lists on plain aper to complete this apport if necessary.)  1. Candidates (Identify by name or, if applicable, classify by party.)  Attach lists on plain aper to complete this apport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if application of election and nature of issue.)	Continue of the continue of	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (defulf) by name or, if applicable, classify by party.)  Attach lists on plain aper to complete this prort if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (dentify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (dentify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (dentify by name or, if applicable, classify by party.)  DOMMITTEE CTIVITY  Attach lists on plain aper to complete this sport if necessary.)  B. Opposed  1. Candidates (dentify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Describe by date and location of election and nature of issue.)  B. Opposed

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Right To Life PAG	C			00016515
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Chuck Branch for State Represe	ntative State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Andy Hopper for State Represen	tative State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mitch Little for State Representat	tive State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if)			
	COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  A. Supported (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted  B. Opposed	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Actach lists on plain paper to complete this report if necessary.)  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Actach lists on plain paper to complete this report if necessary.)  (Attach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)

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COMMITTEE NAME				
				13 Filer ID (Ethics Commission Filers)
Texas Right To Life PAC	C			00016515
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jeff Leach for State Representat	ive State Representative
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	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.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Liz Case for State Representativ	e State Representative
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Carrie Isaac for State Represent	ative State Representative
Attach lists on plain paper to complete this eport if necessary.)		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.)			
	Attach lists on plain apper to complete this eport if necessary.)  COMMITTEE COUNTY  Attach lists on plain apper to complete this eport if necessary.)	Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE (CTIVITY)  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  COMMITTEE (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)	A. Supported    Condidates (Identify by name or, if applicable, classify by party.)	1. Candidates   Crivity   Attach lists on plain aper to complete this eport if necessary.)   2. Measures   Chescribe by date and location of election and nature of issue.)   3. Officeholders   A. Supported

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COMMITTEE NAME				
COMMITTEE NAME				<b>13</b> Filer ID (Ethics Commission Filers)
Texas Right To Life PAC	С			00016515
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Don McLaughlin for State Repres	sentative State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Smithee for State Represer	ntative State Representative
(Attach lists on plain paper to complete this report if necessary.)		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.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Caroline Fairly for State Represe	entative State Representative
(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	ACTIVITY  (Attach lists on plain caper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  (Attach lists on plain caper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  A. Supported December of the paper of	Activity  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue)  3. Officeholders Assisted (Describe by date and location of election and nature of issue)  3. Officeholders (Describe by date and location of election and nature of issue)  3. Officeholders (Describe by date and location of election and nature of issue)  4. Supported (Dennity by parry)  5. COMMITTEE (Describe by date and location of election and nature of issue)  5. Opposed (Describe by date and location of election and nature of issue)  6. Opposed (Describe by date and location of election and nature of issue)  7. Measures (Describe by date and location of election and nature of issue)  8. Opposed (Describe by date and location of election and nature of issue)  8. Opposed (Describe by date and location of election and nature of issue)  8. Opposed (Describe by date and location of election and nature of issue)  8. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)  9. Opposed (Describe by date and location of election and nature of issue)

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Right To Life PAC	C			00016515
	Candidates  (Identify by name or, if applicable, classify by party.)		Abraham George for State Repre	esentative State Representative
paper to complete this		B. Opposed		
	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.)			
	1. Candidates (Identify by name or, if applicable, classify by party.)		Nate Schatzline for State Repres	sentative State Representative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
	Candidates (Identify by name or, if applicable, classify by party.)		Tony Tinderholt for State Repres	sentative State Representative
paper to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	(Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)  3. Officeholders (Identify by name or, if applicable, classify by party.)	ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted  (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted	Committee   Comm

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0			13 Filer ID (Ethics Commission Filers)
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C			00016515
1. Candidates (Identify by name or, if applicable, classify by party.)		Cheryl Bean for State Represent	tative State Representative
	B. Opposed		
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
Candidates  (Identify by name or, if applicable, classify by party.)		Mark Dorazio for State Represer	ntative State Representative
	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.)			
Candidates  (Identify by name or, if applicable, classify by party.)		Briscoe Cain for State Represen	tative State Representative
	B. Opposed		
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed		
Officeholders     Assisted     (Identify by name or, if			
	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (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.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed	tidentify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (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.)  B. Opposed  A. Supported Mark Dorazio for State Represer (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders A. Supported  A. Supported  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed  B. Opposed  B. Opposed

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COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas Right To Life PAC	C			00016515
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul for State Represent	ative State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tom Oliverson for State Represe	entative M.D. State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Assisted (Identify by name or, if			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mike Schofield for State Represe	entative State Representative
(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE  A. Supported  COMMITTEE  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  1. Candidates (Identify by name or, if applicable, classify by party.)  COMMITTEE  2. Measures (Identify by name or, if applicable, classify by party.)  COMMITTEE  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE  1. Candidates (Identify by name or, if applicable, classify by party.)  COMMITTEE  3. Officeholders Assisted  1. Candidates (Identify by name or, if applicable, classify by party.)  COMMITTEE  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted  3. Officeholders Assisted	Texas Right To Life PAC  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Actach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  COMMITTEE  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report if necessary.)  (Actach lists on plain paper to complete this report

### FORM GPAC ADDENDUM

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OMMITTEE NAME exas Right To Life PAC OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mano DeAyala for State Represe	13 Filer ID (Ethics Commission Filers) 00016515
OMMITTEE CTIVITY  Attach lists on plain	Candidates  (Identify by name or, if	A. Supported	Mano DeAvala for State Represe	
CTIVITY attach lists on plain	(Identify by name or, if	A. Supported	Mano DeAvala for State Represe	
attach lists on plain				entative State Representative
aper to complete this port if necessary.)		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.)			
OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kay Smith for State Representati	ive State Representative
attach lists on plain aper to complete this port if necessary.)		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.)			
OMMITTEE CTIVITY	1. Candidates	A. Supported	Valoree Swanson for State Repr	esentative State Representative
attach lists on plain aper to complete this port if necessary.)		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.)			
	cttach lists on plain aper to complete this port if necessary.)  OMMITTEE CTIVITY  attach lists on plain aper to complete this	Assisted (Identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  Ittach lists on plain aper to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  I. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Assisted (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  DMMITTEE CTIVITY  2. Measures (Describe by date and location of election and nature of issue.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed  B. Opposed	Assisted (identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  1. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  2. Measures (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.)  DMMITTEE CTIVITY  1. Candidates (identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  2. Measures (identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  2. Measures (identify by name or, if applicable, classify by party.)  DMMITTEE CTIVITY  3. Candidates (identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed

## FORM GPAC ADDENDUM

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					Fage 21 01 39
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Right To Life PAC				00016515
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Pam Little for State Board of Ed	ucation State Board Of Education
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		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.)			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Aaron Kinsey for State Board of	Education State Board Of Education
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders     Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Andrew Johnson for 1st Court of	f Appeals Court Of Appeals, Justice
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
		(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted	B. Opposed		

### FORM GPAC **ADDENDUM**

						Page 22 01 39
	COMMITTEE NAME	_			13 Filer ID	(Ethics Commission Filers)
Texas Right To Life PAC					00016515	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kenna Seiler for 9th Court of Ap	peals Court O	f Appeals, Justice
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tonya McLaughlin for 14th Cour	t of Appeals C	ourt Of Appeals, Justice
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Mike Knox for Harris County She	eriff Sheriff	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				

## FORM GPAC ADDENDUM

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						Fage 23	01 39
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission	Filers)
Texas Right To Life P	AC				00016515		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Vince Giardino	or the 396th Dis	trict Court Dist	rict Judge	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	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.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Matt Krause for	Tarrant County	Commissioner	County Commiss	sioner
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	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.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rick Barnes for	Tarrant County	Tax Assessor	County Tax Asse	ssor
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)						
	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	B. Opposed					

## FORM GPAC ADDENDUM

Page 24 of 39

					Faye 24 01 39
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Texas Right To Life PAG				00016515
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Darrell Hale for Collin County Co	nmmissioner County Commissioner
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kim Laseter for the 401st Distric	t Court District Judge
	(Attach lists on plain paper to complete this report if necessary.)		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.)			
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Michelle Evans for Williamson C Party Chair	ounty Republican Party Chair County
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
	_	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			

### GENERAL-PURPOSE COMMITTEE REPORT:

### FORM GPAC ADDENDUM

	PURPOSE						ADDENDON
							Page 25 of 39
12	2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Right To Life PAG	C				00016515	
14	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	ed	Jay Burridge for Brazoria Count	y Commissioner	County Commissioner
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	d			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte				
			B. Opposed	d			
		Officeholders     Assisted					
		(Identify by name or, if applicable, classify by party.)					

### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

			26 of 39
17 COMMITTEE NAME		18 Filer ID	(Ethics Commission Filers)
Texas Right To Life PAC		00016515	
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIL	BUTIONS		\$ 885.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLI	TICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FI ORGANIZATION	ROM CORPORATION OR LABO	₹	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CON LABOR ORGANIZATION	TRIBUTIONS FROM CORPORA	TION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CC	DRPORATION OR LABOR ORGA	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FRO ORGANIZATION	OM CORPORATION OR LABOR		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM	M CORPORATION OR LABOR C	RGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FRO	M POLITICAL CONTRIBUTIONS	5	<b>\$</b> 13,951.36
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATION	IS		<b>\$</b> 4,500.00
12. SCHEDULE F3: PURCHASE OF INVESTMENTS F	ROM POLITICAL CONTRIBUTIO	DNS	\$
13. X SCHEDULE F4: EXPENDITURES MADE BY CRED	OIT CARD		\$ 964.89
14. SCHEDULE I: NON-POLITICAL EXPENDITURES F	ROM POLITICAL CONTRIBUTIO	INS	\$
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REF	UNDS, AND CONTRIBUTIONS F	RETURNED	\$ 9.00

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 27/39	
2	FILER NAME Texas Right	To Life PAC			3	Filer ID (Ethics Commission 00016515	Filers)
4	Date 02/09/2024	<ul><li>5 Full name of contributor</li><li>BLACK, MARK &amp; TERRI</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
_		PLANO, TX 75023	1-				
8	N/A	pation / Job title (See Instructions)	9	Employer (See Instructions N/A	5)		
	Date 02/17/2024	Full name of contributor EBOUDREAU, NICOLE M. Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu	HOUSTON, TX 77007 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	HINES			PROPERTY MANAGER	₹		
	Date 02/11/2024	Full name of contributor CRAIG, STEVEN C.  Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$30.00
		HOUSTON, TX 77072					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	)		
	Date 02/17/2024	Full name of contributor  DUFFY, PAUL L.  Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu N/A	AUSTIN, TX 78757 pation / Job title (See Instructions)		Employer (See Instructions N/A	j)		
	Date 02/17/2024	Full name of contributor GONZALEZ, MELISSA Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 28/39	
2	FILER NAME Texas Right	To Life PAC			3	Filer ID (Ethics Commission 00016515	Filers)
4	Date 01/26/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$20.00
_		San Antonio, TX 78233	_				
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 02/03/2024	Full name of contributor out-of-state PAC (ID#:_KOPLIN, JOHN A.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$40.00
	Dringing agg	FORT WORTH, TX 76131		Employer (See Instructions	<u></u>		
	•	pation / Job title (See Instructions) ICE TECHNICIAN - RETIRED		Employer (See Instructions US POSTAL SERVICE	o)		
	Date 02/17/2024	Full name of contributor out-of-state PAC (ID#:_LAWSON, BETTY N.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$60.00
		HOUSTON, TX 77008					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 02/17/2024	Full name of contributor out-of-state PAC (ID#:_MCCAFFETY, BRUCE & SUZI  Contributor address; City; State; Zip Code  SPRING, TX 77388		)		Amount of Contribution (\$)	\$40.00
	Principal occu PASTOR	pation / Job title (See Instructions)		Employer (See Instructions CANDLESTICK BAPTIS	•	CHURCH	
	Date 02/17/2024	Full name of contributor out-of-state PAC (ID#:_ O'CONNOR, IRENE H.  Contributor address; City; State; Zip Code  GRAND PRAIRIE, TX 75050		)		Amount of Contribution (\$)	\$20.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions INTERNATIONAL PAP	•	COMPANY	

	MONET	ARY POLITICAL CON	TRIBUTION	IS			SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	omplete this for	n.	1	Total pages S Sch: 3/3 Rpt		
2	FILER NAME Texas Right	To Life PAC			3	Filer ID (Eth 00016515		n Filers)
4	Date 02/17/2024	REECE, MATTHEW J.  6 Contributor address; City; State; Zip Code				Amount of Co	ntribution (\$)	\$50.00
8	Principal occu	GRAPEVINE, TX 76051 pation / Job title (See Instructions) MANAGER	9	Employer (See Instructions	5)			
	Date 02/03/2024	Full name of contributor out- SEPULVEDA, CARLOS M.  Contributor address; City; State; Zip  DALLAS, TX 75225	-of-state PAC (ID#:			Amount of Co	ntribution (\$)	\$500.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)			
	Date 02/20/2024	WARRENS, JAMES AND RHON  Contributor address; City; State; Zip		)		Amount of Co	ntribution (\$)	\$50.00
	Principal occu	COPPELL, TX 75019 pation / Job title (See Instructions)		Employer (See Instructions RETIRED	i)			

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 30/39	Texas Right To Life PAC 00016515
4 Date	5 Payee name
02/22/2024	BRENT MONEY
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2606 LEE ST
Expenditure from corporate funds	GREENVILLE, TX 75401
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution Made By Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/23/2024	CAROLINE FAIRLY FOR TEXAS
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 20445
Expenditure from corporate funds	AMARILLO, TX 79114
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution Made By Political Committee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/13/2024	FARNSWORTH, SAMANTHA
Amount (\$)	Payee address; City; State; Zip Code
\$270.09	4500 BISSONNET ST
Ψ210.00	
Expenditure from	SUITE 305
corporate funds	BELLAIRE, TX 77401
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Meals and lodging Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Meals and lodging
	ivicals and louging
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Servi		/Wages/Contract Labor	OTHER (enter a	category not listed above)
		uction Guide explains now to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 2/5 Rpt: 31/39	Texas Right To Life	PAC		00016515	
4 Date	5 Payee name			•	
02/21/2024	FARNSWORTH, SA	AMANTHA			
C Amount (t)	·		`ada		
6 Amount (\$)	•	ity; State; Zip C	oue		
\$205.14	4500 BISSONNET	51			
Expenditure from	SUITE 305				
corporate funds	BELLAIRE, TX 7740	01			
8 PURPOSE	(a) Category (Soc Categorie	es listed at the top of this schedule)	(b) Description		
OF	Salaries/Wages/Con		_ `	outside of Texas. Com	plete Schedule T.
EXPENDITURE	Odianes/ Wages/Ool	Tirdot Edbor	Check if Austir	n, TX, officeholder living	g expense
			Paycheck		
9 Complete ONLY if direct	Candidate/Officeholder	name Office so	 ouaht	Office he	elq
expenditure to benefit C/OI		Tiamo on	agiit	Omoo n	Sid
Date	Payee name				
02/24/2024	FIRST DATA MERO	CHANT SERVICES			
Amount (\$)	Payee address; C	ity; State; Zip C	ode		
\$108.35	5565 Glenridge Cor	nnector NE			
	· ·				
Expenditure from	Atlanta CA 20242				
corporate funds	Atlanta, GA 30342				
PURPOSE	(a) Category (See Categorie	es listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees			outside of Texas. Com	
			l —	n, TX, officeholder living	g expense
			Credit card fo	ees	
Complete ONLY if direct	Candidate/Officeholder	name Office so	ught	Office he	eld
expenditure to benefit C/OI	1				
Date	Payee name				
02/15/2024	FROST BANK				
			\I -		
Amount (\$)	•	ity; State; Zip C	ode		
\$42.44	PO BOX 1315				
Expenditure from					
corporate funds	HOUSTON, TX 772	51			
PURPOSE	(a) Category (See Categoric	es listed at the top of this schedule)	(b) Description		
OF	Credit Card Paymer			outside of Texas. Com	plete Schedule T.
EXPENDITURE	ordan dana rayina.		Check if Austir	n, TX, officeholder living	g expense
			Payment on	a credit card	
Complete ONLY if direct	Candidate/Officeholder	name Office so	ught	Office he	eld
expenditure to benefit C/OI			-		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services  The Instruction G	•		/ages	/Contract Labor		Travel Out of D OTHER (enter a	istrict a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 3/5 Rpt: 32/39			t To Life PAC						00016515	
4	Date	5	Payee name								
	02/22/2024		IRS								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$80.80		1111 Const	itution Ave							
	Expenditure from corporate funds		NW Washir	ngton DC, DC 20	0224						
8	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		TAXES					브			nplete Schedule T.
								PAYROLL TA		, officeholder livin	g expense
								PATROLL IA	1/\[	_3	
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	<u> </u>				24.				·	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ceholder name		Office sou	ght			Office h	eld
	Date		Payee name								
	02/20/2024		JARED WO	ODFILL CAMP	AIGN						
	Amount (\$)	H	Payee addre	ss; City;	State;	; Zip Co	de				
	\$1,000.00		3 RIVERWA	ΑY							
	• •		STE 750								
Г	Expenditure from		HOUSTON	TV 77056							
L	corporate funds	<u> </u>									
	PURPOSE OF	(a)		ee Categories listed at t		nedule)	(b)	Description		df T 0	undete Oekeekde T
	EXPENDITURE			ns/Donations Ma Officeholder/Pol	,	nittoo		<b>=</b>		of rexas. Cor officeholder livin	nplete Schedule T.
			Carididate/	Jilicerioldei/Foi	ilicai Comin	iiilee		_			de By Political Committee
_	Complete ONLY if direct	<u> </u>	^andidate/Off	ceholder name		Office sou	aht			Office h	Ald
	expenditure to benefit C/Ol		odilalate/Oli	denotaer name		311100 30d	9111			Oilice II	Cid
	Date		Payee name								
	02/22/2024		JUDGE JO	HN DEVINE CA	MPAIGN						
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de				
	\$5,000.00		1 E GREEN	IWAY PLAZA							
			STE 225								
Г	Expenditure from corporate funds		HOUSTON	TV 77046							
	•										
	PURPOSE OF	(a)		ee Categories listed at t		nedule)	(b)	Description	OU #~ :	do of Toyloo Co	nalata Sahadula T
	EXPENDITURE			ns/Donations Ma Officeholder/Pol		nittee		브		de of Texas. Cor officeholder livin	nplete Schedule T.
			Cariuldate/	Jiliceriolaei/P0I	iucai Cuiiiii	iillee		ш			de By Political Committee
											,
_	Complete ONLY if direct	Ц,	^andidate/Off	ceholder name		Office sou	abt			Office h	Ald
	expenditure to benefit C/OI		Januluale/OII	ocholaci Haille		Jinoc Sou	grit			Office II	Giù
_	- · · · ·										

## 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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 33/39	Texas Right To Life PAC 00016515
4 Date	5 Payee name
02/20/2024	LEENERTS, ASHLEY
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$549.92	4500 BISSONNET ST
Expenditure from	SUITE 305
corporate funds	BELLAIRE, TX 77401
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Mileage and lodging  Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Mileage and lodging
	will cage and loaging
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/22/2024	LEENERTS, ASHLEY
Amount (\$)	Payee address; City; State; Zip Code
\$194.62	4500 BISSONNET ST
	SUITE 305
Expenditure from corporate funds	BELLAIRE, TX 77401
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Paycheck
	T ayonook
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/22/2024	LIZ CASE CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	270 SUNDANCE
Expenditure from corporate funds	ABILENE, TX 79602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution Made By Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## 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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services		Vages/Contract Labor	OTHER (enter a	category not listed above)
		on Guide explains now to co	implete this form.	1	
1 Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
Sch: 5/5 Rpt: 34/39	Texas Right To Life PA	C		00016515	
4 Date	5 Payee name				
02/20/2024	MARC LAHOOD CAM	PAIGN			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
\$1,000.00	4014 MCCULLOUGH	AVE			
,_,,,,,,,,					
Expenditure from corporate funds	SAN ANTONIO, TX 78	212			
8 PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
OF	Contributions/Donation		l <u> </u>	outside of Texas. Com	plete Schedule T.
EXPENDITURE	Candidate/Officeholder		Check if Austin	n, TX, officeholder living	j expense
			Campaign Co	ontribution Mad	e By Political Committee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder nar	ne Office sou	ight	Office he	eld
experientare to benefit 6/01					
Date	Payee name				
02/20/2024	STEPHANIE KLICK CA	AMPAIGN			
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$2,500.00	PO BOX 7592				
Evpondituro from					
Expenditure from corporate funds	FORT WORTH, TX 76	111			
PURPOSE	(a) Category (See Categories list		(b) Description		
OF EXPENDITURE	Contributions/Donation		l <u>–</u>	outside of Texas. Com	
	Candidate/Officeholder	/Political Committee	🗀	n, TX, officeholder living	e By Political Committee
			Campaign	ontinbution was	c by i onlical committee
Complete ONLY if direct	Candidate/Officeholder nar	ne Office sou	ught	Office he	ald
expenditure to benefit C/O		ie Office 300	igrit	Office fie	alu .

### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Candidate/Onicendide//Folitica	The Instruction Guide explain		OTHER (effet a category not listed above)
1 Total pages Schedule F2:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 35/39	Texas Right To Life PAC		00016515
4	ZED UNPAID INCURRED OBLIGATI	ONS	\$
5 Date	6 Payee name		
02/08/2024	AJ LOUDERBACK CAMPAIGN		
7 Amount (\$) \$1,000.00	8 Payee address; City; Stat 602 APOLLO DR	e; Zip Code	
Expenditure from corporate funds	EDNA, TX 77957		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Candidate/Officeholder/Political Com		ontribution Made By Political Committee
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
02/08/2024	JEFF LEACH CAMPAIGN		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
\$2,500.00	PO BOX 866186		
Expenditure from corporate funds	PLANO, TX 75086		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By		outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Com		n, TX, officeholder living expense Ontribution Made By Political Committee
		Campaign	ontribution made by Folitical Committee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Ī			

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 36/39 Texas Right To Life PAC 00016515 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/08/2024 MIKE OLCOTT CAMPAIGN Amount (\$) Payee address; City; State; Zip Code \$1,000.00 **PO BOX 247** Expenditure from ALEDO, TX 76008 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign Contribution Made By Political Committee Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

### **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 Insti	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 1/2 Rpt: 37/39	Texas Right To Life	PAC			00016515		
4 CREDIT CARD ISSUER		ncial institution t Bank	EXPENDI	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$20.86	(b) Date of Charge 01/30/2024	(c) Date(s) C 02/15/2024	credit Card Issuer 4	Paid		
7 PAYEE	(a) Payee name GODADDY.COM		SUITE 219	RTH HAYDEN I		State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top WEBSITE HOSTING	of this schedule)	(b) Description WEBSITE				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$172.00	(b) Date of Charge 02/15/2024	(c) Date(s) C	Credit Card Issuer	Paid		
PAYEE	(a) Payee name TATANGO		(b) Payee ac 600 Stewar Suite 400 Seattle, WA		City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top MESSAGING	of this schedule)	(b) Description MESSAGIN	on NG CREDITS P	PURCHASED		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$314.47	(b) Date of Charge 02/16/2024	(c) Date(s) C	Credit Card Issuer	Paid		
PAYEE	(a) Payee name  MAILCHIMP		(b) Payee ac 675 Ponce #5000 ATLANTA,	De Leon Ave N	City, NE	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political  Non-Political	(a) Category (See Categories listed at the top MAIL DELIVERY SYS	STEM	(b) Description	VERY SYSTEM			
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Crieck ii Austin, TX,	officeholder living expe	ense	

### **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 Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 2/2 Rpt: 38/39	Texas Right To Life	PAC			00016515		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
Expenditure from corporate funds	\$246.00	02/19/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	TATANGO	TATANGO 600 Stewart St. Suite 400 Seattle, WA 98101-					
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE  X Political	(See Categories listed at the top MESSAGING	of this schedule)	MESSAGI	NG CREDITS F	PURCHASED		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
Expenditure from corporate funds	\$61.56	02/11/2024					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	MAILCHIMP		#5000	e De Leon Ave N , GA 30308	NE		
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top		1	IVERY SYSTEM	М		
X Political							
Non-Political	(*) <b>L</b>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		T	T	-			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
Expenditure from corporate funds	\$150.00	02/15/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	TATANCO		600 Stewa	ırt St.			
	TATANGO		Suite 400				
				A 98101-1217			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Descript				
EXPENDITURE	MESSAGING	or and sorieuticj	MESSAGI	NG CREDITS F	PURCHASED		
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 39/39 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Right To Life PAC 00016515 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 01/26/2024 \$9.00 **AMAZON** 6 Address of person from whom amount is received; City; State; Zip Code SEATTLE, WA 98109 7 Purpose for which amount is received Check if political contribution returned to filer **REFUND FOR FORMS 1099**