

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016515	2 Total pages filed: 16
3 COMMITTEE NAME Texas Right To Life PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/18/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4500 Bissonnet St. Ste. 305 Bellaire, TX 77401		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. John NICKNAME LAST SUFFIX Seago		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4500 Bissonnet Street Suite 305 Bellaire, TX 77401		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4500 Bissonnet Street Suite 305 Bellaire, TX 77401		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 782-5433		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH Month Day Year 09/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Right To Life PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00016515
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Rep. NATE SCHATZLINE State Representative
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold		\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 3,435.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,536.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 30,937.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>16 AFFIDAVIT</b>  <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Mr. John Seago _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p>		

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 16

<b>17 COMMITTEE NAME</b> Texas Right To Life PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00016515
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,435.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,128.21
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,408.44
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/16
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 08/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALANIZ, DANIEL & PENNY <hr/> <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77065	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALANIZ, DANIEL & PENNY <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77065	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALANIZ, DANIEL & PENNY <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77065	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI <hr/> Contributor address; City; State; Zip Code  PLANO, TX 75023	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI <hr/> Contributor address; City; State; Zip Code  PLANO, TX 75023	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/16
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI <hr/> <b>6</b> Contributor address; City; State; Zip Code  PLANO, TX 75023	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOUDREAU, NICOLE M. <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77007	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) HINES		Employer (See Instructions) PROPERTY MANAGER
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOUDREAU, NICOLE M. <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77007	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) HINES		Employer (See Instructions) PROPERTY MANAGER
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOUDREAU, NICOLE M. <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77007	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) HINES		Employer (See Instructions) PROPERTY MANAGER
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUFFY, PAUL L. <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78757	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/16
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 07/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUFFY, PAUL L. <hr/> <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78757	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUFFY, PAUL L. <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78757	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MELISSA <hr/> Contributor address; City; State; Zip Code  PLAINVIEW, TX 79073	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MELISSA <hr/> Contributor address; City; State; Zip Code  PLAINVIEW, TX 79073	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MELISSA <hr/> Contributor address; City; State; Zip Code  PLAINVIEW, TX 79073	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/16
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 08/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78233	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. Contributor address; City; State; Zip Code  San Antonio, TX 78233	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN A. Contributor address; City; State; Zip Code  FORT WORTH, TX 76131	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) MAINTENANCE TECHNICIAN - RETIRED		Employer (See Instructions) US POSTAL SERVICE
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN A. Contributor address; City; State; Zip Code  FORT WORTH, TX 76131	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) MAINTENANCE TECHNICIAN - RETIRED		Employer (See Instructions) US POSTAL SERVICE

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/16
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN A. <hr/> <b>6</b> Contributor address; City; State; Zip Code  FORT WORTH, TX 76131	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) MAINTENANCE TECHNICIAN - RETIRED		<b>9</b> Employer (See Instructions) US POSTAL SERVICE
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY N. <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77008	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY N. <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77008	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY N. <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77008	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCAFFETY, BRUCE & SUZI <hr/> Contributor address; City; State; Zip Code  SPRING, TX 77388	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) PASTOR		Employer (See Instructions) CANDLESTICK BAPTIST CHURCH



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/16
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 07/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCAFFETY, BRUCE & SUZI <hr/> <b>6</b> Contributor address; City; State; Zip Code  SPRING, TX 77388	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) PASTOR		<b>9</b> Employer (See Instructions) CANDLESTICK BAPTIST CHURCH
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCLANE, TRAVIS & EMILY <hr/> Contributor address; City; State; Zip Code  CONROE, TX 77385	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		Employer (See Instructions) SYNACORE
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURDOCH, KEVIN & LAURA <hr/> Contributor address; City; State; Zip Code  CONROE, TX 77304	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) EVANGELIST/CHURCH PLANTER		Employer (See Instructions) PSALM 19:7 MINISTRY
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURDOCH, KEVIN & LAURA <hr/> Contributor address; City; State; Zip Code  CONROE, TX 77304	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) EVANGELIST/CHURCH PLANTER		Employer (See Instructions) PSALM 19:7 MINISTRY
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURDOCH, KEVIN & LAURA <hr/> Contributor address; City; State; Zip Code  CONROE, TX 77304	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) EVANGELIST/CHURCH PLANTER		Employer (See Instructions) PSALM 19:7 MINISTRY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/16
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 08/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEPULVEDA, CARLOS M. <hr/> <b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75225	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEPULVEDA, CARLOS M. <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75225	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEPULVEDA, CARLOS M. <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75225	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STERNAL, GERALD <hr/> Contributor address; City; State; Zip Code  CORPUS CHRISTI, TX 78418	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TENNILLE, RICHARD N. <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77024	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) CONOCO

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/8 Rpt: 11/16
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, AIMEE <hr/> <b>6</b> Contributor address; City; State; Zip Code  ABILENE, TX 79601	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) PART-TIME ART TEACHER		<b>9</b> Employer (See Instructions) SELF

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 12/16	<b>2</b> FILER NAME Texas Right To Life PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 09/10/2024	<b>5</b> Payee name Allman and Associates, Inc.	
<b>6</b> Amount (\$) \$325.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 9600 Great Hills Trail  Austin, TX 78759	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ACCOUNTANT FEES FOR TAX RETURN PREPARATION
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name FIRST DATA MERCHANT SERVICES	
Amount (\$) \$311.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5565 Glenridge Connector NE  Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name VISA	
Amount (\$) \$1,052.33  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 900 METRO CENTER BLVD  FOSTER CITY, CA 94404	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT ON A CREDIT CARD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 13/16	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
4 Date 08/12/2024	5 Payee name VISA	
6 Amount (\$) \$373.16  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 900 METRO CENTER BLVD  FOSTER CITY, CA 94404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT ON A CREDIT CARD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name VISA	
Amount (\$) \$1,065.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 900 METRO CENTER BLVD  FOSTER CITY, CA 94404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT ON A CREDIT CARD
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/3 Rpt: 14/16		<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution VISA		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$362.44	(b) Date of Charge 08/11/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b> PAYEE		(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) EMAIL DELIVERY		(b) Description EMAIL DELIVERY	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$362.44	(b) Date of Charge 07/11/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) EMAIL DELIVERY		(b) Description EMAIL DELIVERY	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$2,500.00	(b) Date of Charge 09/04/2024	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name NATE FOR TEXAS		(b) Payee address; City, State, Zip Code 13037 MONTE ALTO ST. FORT WORTH, TX 76244	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description CONTRIBUTION TO POLITICAL CANDIDATE	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/3 Rpt: 15/16	<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$107.10	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name WORDFENCE.COM		(b) Payee address; City, State, Zip Code 800 5TH AVENUE SEATTLE, WA 98104
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) WEBSITE EXPENSE		(b) Description WEBSITE HOSTING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$362.44	(b) Date of Charge 09/11/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) EMAIL DELIVERY		(b) Description EMAIL DELIVERY
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$10.72	(b) Date of Charge 07/24/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name USPS		(b) Payee address; City, State, Zip Code 5350 Bellaire Blvd Bellaire, TX 77401
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) POSTAGE		(b) Description TAX RETURN POSTAGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/3 Rpt: 16/16	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$703.30	(b) Date of Charge 08/25/2024
7 PAYEE	(a) Payee name GODADDY.COM	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) WEBSITE EXPENSE	(b) Description WEBSITE HOSTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate/Officeholder name	Office sought
		Office held