

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00016515	<b>2</b> Total pages filed: 13
<b>3</b> COMMITTEE NAME Texas Right To Life PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/15/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> 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		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	John	
	NICKNAME	LAST	SUFFIX
		Seago	
<b>6</b> 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		
<b>7</b> 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		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	782-5433	
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month    Day    Year	THROUGH	Month    Day    Year
	10/27/2024		12/31/2024
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year	ELECTION TYPE	
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

**GO TO PAGE 2**

# 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
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<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
		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>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,580.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 21,065.22
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 6,854.38
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. John Seago  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Texas Right To Life PAC	<b>18 Filer ID</b> (Ethics Commission Filers) 00016515
<b>19 SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,580.00
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	\$ 20,268.91
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	\$ 796.31
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: 1/4 Rpt: 4/13
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 11/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BLACK, MARK & TERRI	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  PLANO, TX 75023		
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BLACK, MARK & TERRI	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  PLANO, TX 75023		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DUFFY, PAUL L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  AUSTIN, TX 78757		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DUFFY, PAUL L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  AUSTIN, TX 78757		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GONZALEZ, MELISSA	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code  PLAINVIEW, TX 79073		
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: 2/4 Rpt: 5/13
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 11/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guzman, Louis A.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78233	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Guzman, Louis A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Antonio, TX 78233	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KOPLIN, JOHN A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76131	
Principal occupation / Job title (See Instructions) MAINTENANCE TECHNICIAN - RETIRED		Employer (See Instructions) US POSTAL SERVICE
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KOPLIN, JOHN A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  FORT WORTH, TX 76131	
Principal occupation / Job title (See Instructions) MAINTENANCE TECHNICIAN - RETIRED		Employer (See Instructions) US POSTAL SERVICE
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAWSON, BETTY N.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  HOUSTON, TX 77008	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/13
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 12/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAWSON, BETTY N.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77008	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MURDOCH, KEVIN & LAURA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  CONROE, TX 77304	
Principal occupation / Job title (See Instructions) EVANGELIST/CHURCH PLANTER		Employer (See Instructions) PSALM 19:7 MINISTRY
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MURDOCH, KEVIN & LAURA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  CONROE, TX 77304	
Principal occupation / Job title (See Instructions) EVANGELIST/CHURCH PLANTER		Employer (See Instructions) PSALM 19:7 MINISTRY
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SCHELIN, MENDELL	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  AMARILLO, TX 79109	
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SEPULVEDA, CARLOS M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  DALLAS, TX 75225	
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: 4/4 Rpt: 7/13
<b>2</b> FILER NAME Texas Right To Life PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 12/03/2024	<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 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WILLIAMS, AIMEE <hr/> Contributor address; City; State; Zip Code  ABILENE, TX 79601	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) PART-TIME ART TEACHER		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: 1/4 Rpt: 8/13	<b>2</b> FILER NAME Texas Right To Life PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016515
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<b>4</b> Date 11/20/2024	<b>5</b> Payee name Allman and Associates, Inc.
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<b>6</b> Amount (\$) \$1,610.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 9600 Great Hills Trail  Austin, TX 78759
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<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 CPA PREPARATION OF TAX RETURN
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2024	Payee name Campaign Marketing Strategies
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Amount (\$) \$15,637.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3240 Wilson Blvd Suite 202 Arlington, VA 22201
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<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 Check to Campaign Marketing Strategies for mailers for SD27 race and Amarillo Prop A
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2024	Payee name FIRST DATA MERCHANT SERVICES
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Amount (\$) \$204.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5565 Glenridge Connector NE  Atlanta, GA 30342
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<b>PURPOSE OF EXPENDITURE</b>	<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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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: 2/4 Rpt: 9/13	<b>2</b> FILER NAME Texas Right To Life PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016515
<b>4</b> Date 12/26/2024	<b>5</b> Payee name FURNACE, SAMANTHA	
<b>6</b> Amount (\$) \$117.92  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4500 Bissonnet St #305  Houston, TX 77401	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) EMPLOYEE REIMBURSEMENT	<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 MILEAGE REIMBURSEMENT FOR WORKING AT POLLS FOR MARC LAHOOD
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2024	Payee name FURNACE, SAMANTHA	
Amount (\$) \$118.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4500 Bissonnet St #305  Houston, TX 77401	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 PAYCKECK FOR WORKING AT THE POLLS ON ELECTION DAY
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name LEENERTS, ASHLEY	
Amount (\$) \$34.52  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4500 BISSONNET ST SUITE 305 BELLAIRE, TX 77401	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) EMPLOYEE REIMBURSEMENT	<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 MILEAGE AND MEALS WORKING THE POLLS FOR CAROLINE HARRIS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 10/13	<b>2</b> FILER NAME Texas Right To Life PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016515
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<b>4</b> Date 11/26/2024	<b>5</b> Payee name LEENERTS, ASHLEY
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<b>6</b> Amount (\$) \$139.67  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4500 BISSONNET ST SUITE 305 BELLAIRE, TX 77401
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 PAYCHECK FOR WORKING AT THE POLLS ON ELECTION DAY
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/12/2024	Payee name Principios PAC
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Amount (\$) \$1,110.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4500 Bissonnet Street Suite 305 Bellaire, TX 77401
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 CAMPAIGN CONTRIBUTION TO PRINCIPIOS PAC
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/10/2024	Payee name Texas Ethics Commission
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 201 E 14th  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<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 FEE FOR LATE FILING PENALTY
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 11/13	<b>2</b> FILER NAME Texas Right To Life PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00016515
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<b>4</b> Date 11/20/2024	<b>5</b> Payee name VISA
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<b>6</b> Amount (\$) \$392.27	<b>7</b> Payee address; City; State; Zip Code 900 METRO CENTER BLVD  FOSTER CITY, CA 94404
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b) Description</b> <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 ACCOUNT
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/10/2024	Payee name VISA
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Amount (\$) \$404.04	Payee address; City; State; Zip Code 900 METRO CENTER BLVD  FOSTER CITY, CA 94404
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b) Description</b> <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 ACCOUNT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 1/2 Rpt: 12/13	<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 \$8.09	(b) Date of Charge 11/08/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name SIMPLETEXTING		(b) Payee address; City, State, Zip Code 1615 Platte Street Floor 2 Denver, CO 80202	
<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) TEXTING		(b) Description TEXTING PLATFORM	
		(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$362.44	(b) Date of Charge 12/11/2024	(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) WEBSITE HOSTING		(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	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$33.51	(b) Date of Charge 11/05/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name GODADDY.COM		(b) Payee address; City, State, Zip Code 14455 NORTH HAYDEN ROAD SUITE 219 SCOTTSDALE, AZ 85260	
<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 HOSTING		(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	
		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: 2/2 Rpt: 13/13	<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 \$362.44	(b) Date of Charge 11/11/2024	(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) WEBSITE HOSTING		(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$10.45	(b) Date of Charge 10/27/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name USPS		(b) Payee address; City, State, Zip Code 5350 Bellaire Blvd Bellaire, TX 77401	
<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) POSTAGE		(b) Description POSTAGE FOR TAX RETURNS	
		(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$19.38	(b) Date of Charge 10/29/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name OLMOS, ARIEL		(b) Payee address; City, State, Zip Code 4500 BISSONNET ST SUITE 305 BELLAIRE, TX 77401	
<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) POSTAGE		(b) Description POSTAGE TO SEND T-SHIRTS TO AMARILLO SUPPORTERS	
		(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held