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** 07/15/2025 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** Mr. John NAME NICKNAME LAST **SUFFIX** Seago STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4500 Bissonnet Street STREET **ADDRESS** Suite 305 (Residence or Business) Bellaire, TX 77401 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4500 Bissonnet Street MAILING **ADDRESS** Suite 305 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 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Texas Right To Life PAC		00016515	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by	A. Supported SCOTT SANFORD MAYOR O	F MCKINNEY	(
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures (Describe by date and of election and nature of the second	f issue.)		
	B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by	party.)		
TOTALS PLEDGES, LO CONTRIBUTI Check here if thi	EMIZED POLITICAL CONTRIBUTIONS (OTHER THAN DANS, OR GUARANTEES OF LOANS, OR ONS MADE ELECTRONICALLY) s report qualifies for the higher itemization threshold	\$	0.00
2. TOTAL POL (OTHER THA	\$	5,132.44	
EXPENDITURE 3. TOTAL UNITI	EMIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POL	\$	5,233.68	
I	TICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	7,307.73
I	CIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T THE REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT		· · · · · · · · · · · · · · · · · · ·	
	I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
	Mr. Joh	n Seago	
	Signature of Car	npaign Treasur	er
AFFIX NOTARY STAMP / SEAL A	BOVE		
Sworn to and subscribed before me, by the	said, th	nis 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 office	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					3 of 20
17 COMM Texas		E NAME ht To Life PAC	18 Filer ID 00016515	(Ethics Commiss	ion Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1.	×	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,132.44
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	4,679.19
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	554.49
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
1					

	MONET	ARY POLITICAL CONTRIBUTIO	7(IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/20	
2	FILER NAME Texas Right	To Life PAC			3	Filer ID (Ethics Commission 00016515	Filers)
4	Date 01/13/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
_	Deinging Lagran	PLANO, TX 75023	_	Franksian (Cookastination			
8	N/A	pation / Job title (See Instructions)	9	Employer (See Instructions N/A	5)		
	Date 02/10/2025	Full name of contributor				Amount of Contribution (\$)	\$25.00
	Principal occu	PLANO, TX 75023 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	N/A	,		N/A	,		
	Date 03/10/2025	Full name of contributor			•	Amount of Contribution (\$)	\$25.00
		PLANO, TX 75023					
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 04/10/2025	Full name of contributor out-of-state PAC (ID#:_BLACK, MARK & TERRI Contributor address; City; State; Zip Code PLANO, TX 75023)		Amount of Contribution (\$)	\$25.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 05/12/2025	Full name of contributor out-of-state PAC (ID#:_BLACK, MARK & TERRI Contributor address; City; State; Zip Code PLANO, TX 75023)		Amount of Contribution (\$)	\$25.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
		•					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/20	
2	FILER NAME Texas Right			3	Filer ID (Ethics Commission 00016515	ı Filers)
4	Date 06/13/2025	5 Full name of contributor out-of-state PAC (ID#:_ BLACK, MARK & TERRI 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_		PLANO, TX 75023	1 4. (2. 4. 4. 4.			
8	N/A	pation / Job title (See Instructions)	9 Employer (See Instructions N/A	·)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_DUFFY, PAUL L. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	AUSTIN, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	N/A	, ,	N/A	,		
	Date 02/17/2025	Full name of contributor out-of-state PAC (ID#:_ DUFFY, PAUL L. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		AUSTIN, TX 78757				
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A	i)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#:_DUFFY, PAUL L. Contributor address; City; State; Zip Code AUSTIN, TX 78757)		Amount of Contribution (\$)	\$10.00
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A	()		
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#:_ DUFFY, PAUL L. Contributor address; City; State; Zip Code AUSTIN, TX 78757			Amount of Contribution (\$)	\$10.00
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions N/A	()		

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/20	
2	FILER NAME Texas Right	To Life PAC			3	Filer ID (Ethics Commission 00016515	Filers)
4	Date 05/17/2025)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	AUSTIN, TX 78757 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	N/A	(N/A	,		
	Date 06/17/2025	DUFFY, PAUL L.)	•	Amount of Contribution (\$)	\$10.00
		AUSTIN, TX 78757					
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 01/17/2025	Full name of contributor out-of-st Guzman, Louis A. Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78233					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
02/17/2025 Guzm		Guzman, Louis A. Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78233 pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u> s)		
	Date 03/17/2025	Full name of contributor out-of-st Guzman, Louis A. Contributor address; City; State; Zip Cod San Antonio, TX 78233	ate PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u> s)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/20	
2	FILER NAME Texas Right	To Life PAC			3	Filer ID (Ethics Commission 00016515	r Filers)
4	Date 04/17/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$20.00
_		San Antonio, TX 78233	1-		Ĺ		
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 05/17/2025	Guzman, Louis A.)	•	Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78233 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	retired			retired			
	Date 06/17/2025	Full name of contributor	e PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78233					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 01/03/2025	KOPLIN, JOHN A.)	•	Amount of Contribution (\$)	\$40.00
		pation / Job title (See Instructions) NCE TECHNICIAN - RETIRED		Employer (See Instructions US POSTAL SERVICE	5)		
	Date 02/03/2025	Full name of contributor out-of-state COPLIN, JOHN A. Contributor address; City; State; Zip Code FORT WORTH, TX 76131	e PAC (ID#:)	•	Amount of Contribution (\$)	\$40.00
	•	pation / Job title (See Instructions) ICE TECHNICIAN - RETIRED		Employer (See Instructions US POSTAL SERVICE	5)		
	WAIN I CIVAL	NOL I LOTINICIAN - RETIRED		03 F 03 TAL SERVICE			

	MONEI	ARY POLITICAL CONTRIBUTIO		SCHEDULI	A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/20	
2	FILER NAME Texas Right			3	Filer ID (Ethics Commission 00016515	ı Filers)
4	Date 03/03/2025	 5 Full name of contributor out-of-state PAC (ID#:_KOPLIN, JOHN A. 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$40.00
8		FORT WORTH, TX 76131 pation / Job title (See Instructions) NCE TECHNICIAN - RETIRED	9 Employer (See Instructions US POSTAL SERVICE)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_KOPLIN, JOHN A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
	•	pation / Job title (See Instructions) NCE TECHNICIAN - RETIRED	Employer (See Instructions US POSTAL SERVICE)		
	Date 05/03/2025	Full name of contributor out-of-state PAC (ID#:_ KOPLIN, JOHN A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
	•	pation / Job title (See Instructions) NCE TECHNICIAN - RETIRED	Employer (See Instructions US POSTAL SERVICE)		
	Date 06/03/2025	Full name of contributor out-of-state PAC (ID#:_KOPLIN, JOHN A. Contributor address; City; State; Zip Code FORT WORTH, TX 76131)		Amount of Contribution (\$)	\$40.00
	•	pation / Job title (See Instructions) NCE TECHNICIAN - RETIRED	Employer (See Instructions US POSTAL SERVICE)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_LAWSON, BETTY N. Contributor address; City; State; Zip Code HOUSTON, TX 77008)		Amount of Contribution (\$)	\$60.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/20	
2	FILER NAME Texas Right	To Life PAC			3	Filer ID (Ethics Commission 00016515	Filers)
4	Date 02/17/2025	LAWSON, BETTY N.	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$60.00
0	Principal occu	HOUSTON, TX 77008 pation / Job title (See Instructions)	l _o	Employer (See Instructions			
•	RETIRED	pation / Job title (See Instructions)		RETIRED)		
	Date 04/17/2025	Full name of contributor LAWSON, BETTY N. Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$60.00
	Principal occu	HOUSTON, TX 77008 pation / Job title (See Instructions)		Employer (See Instructions			
	RETIRED	pation / 300 title (See Instructions)		RETIRED	,		
	Date 05/17/2025	Full name of contributor LAWSON, BETTY N. Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$60.00
		HOUSTON, TX 77008					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
	Date 06/17/2025	Full name of contributor LAWSON, BETTY N. Contributor address; City; State; HOUSTON, TX 77008	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$60.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
	Date 01/17/2025	Full name of contributor MURDOCH, KEVIN & LAURA Contributor address; City; State; CONROE, TX 77304				Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) T/CHURCH PLANTER		Employer (See Instructions PSALM 19:7 MINISTRY			
			I	. C. L. 20.7 MINIOTIVI			

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/20	
2	FILER NAME Texas Right	To Life PAC		3	Filer ID (Ethics Commission 00016515	ı Filers)
4	Date 02/17/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$30.00
8		pation / Job title (See Instructions) T/CHURCH PLANTER	9 Employer (See Instructions PSALM 19:7 MINISTRY			
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#: MURDOCH, KEVIN & LAURA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		CONROE, TX 77304 pation / Job title (See Instructions) T/CHURCH PLANTER	Employer (See Instructions PSALM 19:7 MINISTRY			
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: MURDOCH, KEVIN & LAURA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) ST/CHURCH PLANTER	Employer (See Instructions PSALM 19:7 MINISTRY			
	Date 05/17/2025	Full name of contributor out-of-state PAC (ID#: MURDOCH, KEVIN & LAURA Contributor address; City; State; Zip Code CONROE, TX 77304			Amount of Contribution (\$)	\$30.00
	•	pation / Job title (See Instructions) T/CHURCH PLANTER	Employer (See Instructions PSALM 19:7 MINISTRY			
	Date 06/17/2025	Full name of contributor out-of-state PAC (ID#: MURDOCH, KEVIN & LAURA Contributor address; City; State; Zip Code CONROE, TX 77304			Amount of Contribution (\$)	\$30.00
	·	pation / Job title (See Instructions)	Employer (See Instructions PSALM 19:7 MINISTRY			

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/20	
2	FILER NAME Texas Right	To Life PAC			3	Filer ID (Ethics Commission 00016515	n Filers)
4	Date 04/24/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	NEW CANEY, TX 77357 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Date 04/12/2025	Full name of contributor		SELF)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	HOUSTON, TX 77219 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
		ENT ASSOCIATE		TEXAS RIGHT TO LIFE	_		
	Date 06/05/2025	Full name of contributor out-of-state PAC (ID#: OLMOS, ARIEL P. Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu	HOUSTON, TX 77019 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> 5)		
	DEVELOPM	ENT ASSOCIATE		TEXAS RIGHT TO LIFE	<u> </u>		
	Date 01/03/2025	Full name of contributor				Amount of Contribution (\$)	\$500.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	<u>l</u> s)		
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#: SEPULVEDA, CARLOS M. Contributor address; City; State; Zip Code DALLAS, TX 75225)		Amount of Contribution (\$)	\$500.00
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
			-				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/20	
2	FILER NAME Texas Right	To Life PAC			3	Filer ID (Ethics Commission 00016515	n Filers)
4	Date 03/03/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	DALLAS, TX 75225 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	N/A	,		N/A	,		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_ SEPULVEDA, CARLOS M. Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$500.00
		DALLAS, TX 75225					
	Principal occu N/A	pation / Job title (See Instructions)		Employer (See Instructions N/A	s)		
	Date 05/03/2025	Full name of contributor)		Amount of Contribution (\$)	\$500.00
		DALLAS, TX 75225					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions N/A	5)		
	Date 06/03/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	DALLAS, TX 75225 pation / Job title (See Instructions)		Employer (See Instructions N/A	<u> </u> 5)		
	Date 03/18/2025	Full name of contributor out-of-state PAC (ID#: TEXAS RIGHT TO LIFE COMMITTEE, INC. Contributor address; City; State; Zip Code BELLAIRE, TX 77401)		Amount of Contribution (\$)	\$362.44
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
		I					

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orr	m.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/20	
2	FILER NAME Texas Right	To Life PAC				3	Filer ID (Ethics Commission 00016515	n Filers)
4	Date 04/22/2025	5 Full name of contributor WILLIAMS, AIMEE E.6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	ABILENE, TX 79601 pation / Job title (See Instructions	5)	9	Employer (See Instructions			
		ART TEACHER	-)		SELF	-,		
	Date 02/03/2025	Full name of contributor WILLIAMS, AIMEE E. Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
		ABILENE, TX 79601						
		pation / Job title (See Instructions ART TEACHER	5)		Employer (See Instructions SELF	s)		
	Date 02/28/2025	Full name of contributor WILLIAMS, AIMEE E. Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	ABILENE, TX 79601 pation / Job title (See Instructions	5)		Employer (See Instructions	;) 		
		ART TEACHER	-,		SELF	,		
	Date 06/02/2025	Full name of contributor WILLIAMS, AIMEE E. Contributor address; City; S ABILENE, TX 79601)	•	Amount of Contribution (\$)	\$100.00
	·	pation / Job title (See Instruction: ART TEACHER	5)		Employer (See Instructions	<u>l</u> S)		
	Date 06/27/2025	Full name of contributor WILLIAMS, AIMEE E. Contributor address; City; S ABILENE, TX 79601	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	·	pation / Job title (See Instructions ART TEACHER	5)		Employer (See Instructions	s)		

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:						
Sch: 1/4 Rpt: 14/20	Texas Right To Life PAC 00016515					
4 Date	5 Payee name					
04/30/2025	Allman and Associates, Inc.					
6 Amount (\$) \$395.00	7 Payee address; City; State; Zip Code 9600 Great Hills Trail					
Expenditure from corporate funds	Austin, TX 78759					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
ZAI ZHBITORZ	Check if Austin, TX, officeholder living expense					
	ACCOUNTING FEES TO FILE TAX RETURN					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
06/30/2025	FIRST DATA MERCHANT SERVICES					
Amount (\$)	Payee address; City; State; Zip Code					
\$697.12	5565 Glenridge Connector NE					
Expenditure from corporate funds	Atlanta, GA 30342					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
	CREDIT CARD FEES					
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
01/22/2025	IRS					
Amount (\$)	Payee address; City; State; Zip Code					
\$57.24	1111 Constitution Ave					
Expenditure from corporate funds	NW Washington DC, DC 20224					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	PAYROLL TAX Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
	PAYROLL TAX					
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
,						

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schodule F1:	·					
1 Total pages Schedule F1:						
Sch: 2/4 Rpt: 15/20	Texas Right To Life PAC 00016515					
4 Date	5 Payee name					
01/22/2025	IRS					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1.75	1111 Constitution Ave					
¥2¢						
Expenditure from	NIM Weekington DC DC 20224					
corporate funds	NW Washington DC, DC 20224					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	PAYROLL TAX Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense PAYROLL TAX					
	PATROLL TAX					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experialitie to beliefft C/OI	•					
Date	Payee name					
05/20/2025	Principios PAC					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	4500 Bissonnet Street					
+555100	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	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
	CONTRIBUTION TO PRINCIPIOS PAC					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
SAPORANCIO TO BOTTONE O/OI						
Date	Payee name					
02/25/2025	TEXAS ETHICS COMMISSION					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,200.00	PO BOX 12070					
42,200.00						
Expenditure from	ALICTINI TV 70744					
corporate funds	AUSTIN, TX 78711					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
	FEES FOR LATE FILINGS IN 2021					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	expenditure to benefit C/OH					

SCHEDULE F1

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

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

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

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

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: 3/4 Rpt: 16/20	Texas Right To Life PAC 00016515						
4 Date	5 Payee name						
03/11/2025	Texas Right to Life Educational Rund						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$25.00	4500 Bissonnet St.						
	Ste. 305						
Expenditure from corporate funds	Bellaire, TX 77401						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Tayon Complete Schedule T						
EXPENDITURE	DONATION CHANGE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	DONOR WANTED MONEY TO GO SOMEWHERE						
	ELSE						
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
01/15/2025	VISA						
Amount (\$)	Payee address; City; State; Zip Code						
\$362.44	900 METRO CENTER BLVD						
Ψ502.44	300 METRO CENTER BEVD						
Expenditure from							
corporate funds	FOSTER CITY, CA 94404						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.						
LAFENDITORE	Check if Austin, TX, officeholder living expense						
	PAYMENT ON A CREDIT CARD						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
02/24/2025	VISA						
Amount (\$)	Payee address; City; State; Zip Code						
\$411.97	900 METRO CENTER BLVD						
Expenditure from corporate funds	FOSTER CITY, CA 94404						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	PAYMENT ON A CREDIT CARD						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\dashv
Sch: 4/4 Rpt: 17/20	Texas Right To Life PAC 00016515	
4 Date	5 Payee name	\dashv
05/19/2025	VISA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.65	900 METRO CENTER BLVD	
Ψ10.09	300 METRO GENTER BEVD	
Forman dituma forms		
Expenditure from corporate funds	FOSTER CITY, CA 94404	
·		_
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Credit Card Payment	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	PAYMENT ON A CREDIT CARD	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	目
06/16/2025	VISA	
Amount (\$)	Payee address; City; State; Zip Code	
\$18.02	900 METRO CENTER BLVD	
Ψ10.02	300 METRO GENTER BEVB	
Evponditure from		
Expenditure from corporate funds	FOSTER CITY, CA 94404	
·		\dashv
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Credit Card Payment	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	PAYMENT ON A CREDIT CARD	
Or manufactor ONIII V if alimont	On all data (Office had don grown	\dashv
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	7	
		\neg

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 this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 1/3 Rpt: 18/20	Texas Right To Life	PAC		00016515				
4 CREDIT CARD ISSUER		ncial institution SA	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
Expenditure from corporate funds	\$5.75	01/29/2025						
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Zip					
	www.tax1099.com		1600 Solana Blvd Suite 8130					
8 PURPOSE OF	(a) Category		Westlake, TX 76262 (b) Description					
8 PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	FEES T90 SUBMIT FORI	MS 1099-NEC TO IRS				
X Political	Fees		T LEG 130 COBINITY ON	NO 1000 NEO TO INC				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
expenditure to benefit C/OH			· ·					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
Expenditure from corporate funds	\$362.44	01/11/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	MAILCHIMP		675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) E-MAIL		(b) Description E-MAIL DELIVERY					
X Political Non-Political	() []							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Sought Office held					
Complete ONLY if direct expenditure to benefit C/OH	Carialdate/Officeriolder	That is a second of the second	Sought	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
Expenditure from corporate funds	\$21.44	01/24/2025						
PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code			
	Luopo		5350 Bellaire Blvd					
	USPS							
			Bellaire, TX 77401					
PURPOSE OF EXPENDITURE	(a) Category		(b) Description					
X Political	(See Categories listed at the top of this schedule) POSTAGE		POSTAGE FOR TAX RET	TURNS				
Non-Political	(c) Check if travel outside	of Tayas Complete Schoolule T	Chook if Austin TV	officeholder living evenes				
Complete ONLY if direct	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH		- Jillo	- 9···					

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 this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 2/3 Rpt: 19/20	Texas Right To Life PAC			00016515			
4 CREDIT CARD ISSUER	Name of financial institution See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from corporate funds	\$22.34	01/30/2025					
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Zip				
	GODADDY.COM		14455 NORTH HAYDEN ROAD SUITE 219 SCOTTSDALE, AZ 85260				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top WEBSITE	of this schedule)	WEBSITE HOSTING				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
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	\$10.65	04/15/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code		
	USPS		5350 Bellaire Blvd				
			Bellaire, TX 77401				
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) POSTAGE		(b) Description POSTAGE FOR TAX RETURN				
Non-Political	(2) 🗆 (2) (3)			<i>"</i>			
	(c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office s		Check if Austin, TX, officeholder living expense ice sought Office held				
Complete ONLY if direct 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	\$4.16	05/02/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, Stat	e, Zip Code		
	MAII CLIIMD		675 Ponce De Leon Ave NE				
MAILCHIMP			#5000				
			ATLANTA, GA 30308				
PURPOSE OF EXPENDITURE	(a) Category		(b) Description				
X Political	(See Categories listed at the top of this schedule) EMAIL		EMAIL DELIVERY				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	·	e sought	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 th	is form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 3/3 Rpt: 20/20	Texas Right To Life PAC				00016515		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	PF UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
Expenditure from corporate funds	\$13.86	05/11/2025					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	MAILCHIMP		675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308				
8 PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE X Political	(See Categories listed at the top EMAIL	of this schedule)	EMAIL DE	LIVERY			
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 Issuer	Paid		
Expenditure from corporate funds	\$99.99	06/26/2025					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	GODADDY.COM		14455 NORTH HAYDEN ROAD SUITE 219 SCOTTSDALE, AZ 85260				
PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE X Political	(See Categories listed at the top of this schedule) WEBSITE		WEBSITE	HOSTING			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	F	Check if Austin TX	officeholder living eyne	nso	
Complete ONLY if direct	Candidate/Officeholder		Check if Austin, TX, officeholder living expense Ce sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0	Credit Card Issuer	· Paid		
Expenditure from corporate funds	\$13.86	06/11/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	MAILCHIMP		675 Ponce De Leon Ave NE				
			#5000				
			ATLANTA, GA 30308				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
l <u> </u>	EMAIL		EMAIL DE	LIVERY			
X Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							