

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: 22
3 COMMITTEE NAME Texas Right To Life PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Right To Life PAC	13 Filer ID (Ethics Commission Filers) 00016515
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" 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)	\$ 4,785.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,720.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,494.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

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**FORM GPAC**
COVER SHEET PG 3
3 of 22

17 COMMITTEE NAME Texas Right To Life PAC		18 Filer ID (Ethics Commission Filers) 00016515
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,785.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,597.91
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	\$ 1,122.44
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 07/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI 6 Contributor address; City; State; Zip Code PLANO, TX 75023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI 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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI 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 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI Contributor address; City; State; Zip Code PLANO, TX 75023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACK, MARK & TERRI <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 07/17/2025	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 08/20/2025	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 09/17/2025	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 10/17/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUFFY, PAUL L. <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78757	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 12/17/2025	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 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. <hr/> 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 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. <hr/> 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 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. <hr/> 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78233	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. <hr/> 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 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. <hr/> 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 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNERSON, ALBERT <hr/> Contributor address; City; State; Zip Code CONVERSE, TX 78109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN A. <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76131	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) MAINTENANCE TECHNICIAN - RETIRED		Employer (See Instructions) US POSTAL SERVICE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 07/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN A. 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76131	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) MAINTENANCE TECHNICIAN - RETIRED		9 Employer (See Instructions) US POSTAL SERVICE
Date 08/03/2025	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 09/03/2025	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 11/03/2025	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 12/03/2025	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 07/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY N. 6 Contributor address; City; State; Zip Code HOUSTON, TX 77008	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY N. 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 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY N. 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 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY N. Contributor address; City; State; Zip Code HOUSTON, TX 77008	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY N. 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWSON, BETTY N. 6 Contributor address; City; State; Zip Code HOUSTON, TX 77008	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURDOCH, KEVIN & LAURA 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 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURDOCH, KEVIN & LAURA 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 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURDOCH, KEVIN & LAURA 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 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURDOCH, KEVIN & LAURA 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURDOCH, KEVIN & LAURA <hr/> 6 Contributor address; City; State; Zip Code CONROE, TX 77304	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) EVANGELIST/CHURCH PLANTER		9 Employer (See Instructions) PSALM 19:7 MINISTRY
Date 12/17/2025	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 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REED-SCIABARRASI, GEORGIA G. <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/03/2025	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 07/03/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 08/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEPULVEDA, CARLOS M. <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75225	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 09/03/2025	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 11/03/2025	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 12/03/2025	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 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, AIMEE E. <hr/> Contributor address; City; State; Zip Code ABILENE, TX 79601	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PART-TIME ART TEACHER		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, AIMEE E. <hr/> 6 Contributor address; City; State; Zip Code ABILENE, TX 79601	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PART-TIME ART TEACHER		9 Employer (See Instructions) SELF
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, AIMEE E. <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
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, AIMEE E. <hr/> Contributor address; City; State; Zip Code ABILENE, TX 79601	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PART-TIME ART TEACHER		Employer (See Instructions) SELF

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 14/22
2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None	15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 15/22	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
4 Date 10/29/2025	5 Payee name Allman and Associates, Inc.	
6 Amount (\$) \$1,610.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9600 Great Hills Trail Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accountant fees for tax return
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Allman and Associates, Inc.		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9600 Great Hills Trail Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ACCOUNTANT FEES FOR AUDIT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name FIRST DATA MERCHANT SERVICES		
Amount (\$) \$641.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD FEES
Complete <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: 2/4 Rpt: 16/22	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
4 Date 11/28/2025	5 Payee name FROST BANK	
6 Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 1315 HOUSTON, TX 77251	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANKING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name FROST BANK		
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 1315 HOUSTON, TX 77251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANKING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Principios PAC		
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	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 3/4 Rpt: 17/22	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
4 Date 07/21/2025	5 Payee name VISA	
6 Amount (\$) \$113.85 <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		
Date 08/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name VISA		
Amount (\$) \$25.46 <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		
Date 09/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name VISA		
Amount (\$) \$819.37 <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		

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: 4/4 Rpt: 18/22	2 FILER NAME Texas Right To Life PAC	3 Filer ID (Ethics Commission Filers) 00016515
4 Date 10/28/2025	5 Payee name VISA	
6 Amount (\$) \$147.96 <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		
Date 12/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name VISA		
Amount (\$) \$61.82 <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		
Date 11/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name VISA		
Amount (\$) \$39.58 <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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/4 Rpt: 19/22		2 FILER NAME Texas Right To Life PAC		3 Filer ID (Ethics Commission Filers) 00016515	
4 CREDIT CARD ISSUER		Name of financial institution VISA		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$13.86	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308	
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) 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$28.25	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308	
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$28.25	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308	
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	
Complete ONLY 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: 2/4 Rpt: 20/22	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 \$134.10	(b) Date of Charge 09/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name WORDFENCE.COM		(b) Payee address; City, State, Zip Code 800 5TH AVENUE SEATTLE, WA 98104
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 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			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$13.86	(b) Date of Charge 07/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308
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			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$11.60	(b) Date of Charge 07/28/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name USPS		(b) Payee address; City, State, Zip Code 5350 Bellaire Blvd Bellaire, TX 77401
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 MAILING TAX RETURN
(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: 3/4 Rpt: 21/22	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 \$13.86	(b) Date of Charge 08/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308
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) 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$805.51	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name GODADDY.COM		(b) Payee address; City, State, Zip Code 14455 NORTH HAYDEN ROAD SUITE 219 SCOTTSDALE, AZ 85260
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$13.86	(b) Date of Charge 09/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308
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		
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: 4/4 Rpt: 22/22	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 \$11.33	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name USPS		(b) Payee address; City, State, Zip Code 5350 Bellaire Blvd Bellaire, TX 77401
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) POSTAGE		(b) Description POSTAGE FOR TAX RETURN
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$14.39	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 675 Ponce De Leon Ave NE #5000 ATLANTA, GA 30308
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			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$33.57	(b) Date of Charge 11/05/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name GODADDY.COM		(b) Payee address; City, State, Zip Code 14455 NORTH HAYDEN ROAD SUITE 219 SCOTTSDALE, AZ 85260
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			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		