

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

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| 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 # <input type="text"/> Amount <input type="text"/> 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 Mr. | FIRST John | | | MI | |
| | NICKNAME Seago | LAST SUFFIX | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 4500 Bissonnet Street Suite 305 Bellaire, TX 77401 | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; 4500 Bissonnet Street Suite 305 Bellaire, TX 77401 | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (713) 782-5433 | PHONE NUMBER | EXTENSION | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 | <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff | <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination | | |
| 10 PERIOD COVERED | Month Day Year 07/01/2025 | Month Day Year THROUGH | Month Day Year 12/31/2025 | | |
| 11 ELECTION | ELECTION DATE Month Day Year | <input type="checkbox"/> Primary <input type="checkbox"/> General | ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special | <input type="checkbox"/> Other | |

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

| | | |
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| 12 COMMITTEE NAME Texas Right To Life PAC | | 13 FILER ID (Ethics Commission Filers) 00016515 |
| 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 | | |
| <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p>Mr. John Seago _____ Signature of Campaign Treasurer</p> | | |
| 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 | |
| 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 | 7 Amount of Contribution (\$) \$25.00 |
| | 6 Contributor address; City; State; Zip Code PLANO, TX 75023 | |
| 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. | 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 08/20/2025 | 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 09/17/2025 | 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 10/17/2025 | 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 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 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. | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code AUSTIN, TX 78757 | |
| 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. | 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 07/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Louis A. | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78233 | |
| 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. | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78233 | |
| 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. | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78233 | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 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. | 7 Amount of Contribution (\$) \$20.00 |
| | 6 Contributor address; City; State; Zip Code San Antonio, TX 78233 | |
| 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. | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78233 | |
| 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. | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78233 | |
| 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 | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code CONVERSE, TX 78109 | |
| 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. | Amount of Contribution (\$) \$40.00 |
| | 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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 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. | 7 Amount of Contribution (\$) \$40.00 | |
| | 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76131 | | |
| 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. | Amount of Contribution (\$) \$40.00 | |
| | 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 09/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN A. | Amount of Contribution (\$) \$40.00 | |
| | 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 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN A. | Amount of Contribution (\$) \$40.00 | |
| | 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 12/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOPLIN, JOHN A. | Amount of Contribution (\$) \$40.00 | |
| | 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 | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 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. | 7 Amount of Contribution (\$) \$60.00 |
| | 6 Contributor address; City; State; Zip Code HOUSTON, TX 77008 | |
| 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. | Amount of Contribution (\$) \$60.00 |
| | Contributor address; City; State; Zip Code HOUSTON, TX 77008 | |
| 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. | Amount of Contribution (\$) \$60.00 |
| | Contributor address; City; State; Zip Code HOUSTON, TX 77008 | |
| 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. | Amount of Contribution (\$) \$60.00 |
| | Contributor address; City; State; Zip Code HOUSTON, TX 77008 | |
| 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. | Amount of Contribution (\$) \$60.00 |
| | 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

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|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 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 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 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. 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. 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. 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. | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code DALLAS, TX 75225 | |
| 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. | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code DALLAS, TX 75225 | |
| 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. | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code DALLAS, TX 75225 | |
| 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. | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code DALLAS, TX 75225 | |
| 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. | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code ABILENE, TX 79601 | |
| Principal occupation / Job title (See Instructions) PART-TIME ART TEACHER | | Employer (See Instructions) SELF |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal occupation | | 21 Employer (See Instructions) |

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 - 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.

| | | |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | 7 Payee address; City; 9600 Great Hills Trail Austin, TX 78759 | |
| <input type="checkbox"/> Expenditure from corporate funds | (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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/29/2025 | Payee name Allman and Associates, Inc. | |
| Amount (\$) \$1,000.00 | Payee address; City; 9600 Great Hills Trail Austin, TX 78759 | |
| <input type="checkbox"/> Expenditure from corporate funds | (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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/31/2025 | Payee name FIRST DATA MERCHANT SERVICES | |
| Amount (\$) \$641.87 | Payee address; City; 5565 Glenridge Connector NE Atlanta, GA 30342 | |
| <input type="checkbox"/> Expenditure from corporate funds | (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 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 | 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 - 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.

| | | |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | 7 Payee address; City; PO BOX 1315 HOUSTON, TX 77251 | |
| <input type="checkbox"/> Expenditure from corporate funds | (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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Payee name FROST BANK | Office sought Office held |
| Date 12/31/2025 | Amount (\$) \$14.00 | Payee address; City; PO BOX 1315 HOUSTON, TX 77251 |
| <input type="checkbox"/> Expenditure from corporate funds | (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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Payee name Principios PAC | Office sought Office held |
| Date 10/21/2025 | Amount (\$) \$1,110.00 | Payee address; City; 4500 Bissonnet Street Suite 305 Bellaire, TX 77401 |
| <input type="checkbox"/> Expenditure from corporate funds | (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 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 | 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 - 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.

| | | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 08/20/2025 | Payee name VISA | |
| Amount (\$) \$25.46 | 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/29/2025 | Payee name VISA | |
| Amount (\$) \$819.37 | 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 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 | 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 - 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.

| | | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/23/2025 | Payee name VISA | |
| Amount (\$) \$61.82 | 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/25/2025 | Payee name VISA | |
| Amount (\$) \$39.58 | 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 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 | 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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule 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 <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 \$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 <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 \$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 <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 | 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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule 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 |