

**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 1**

The DCE Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers) 00069853	2 Total pages filed: 5
3 FILER NAME	MS / MRS / MR FIRST MI				OFFICE USE ONLY
	NICKNAME LAST SUFFIX Texas Right To Life Committee Inc.				Date Received ELECTRONICALLY FILED 01/15/2026
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				Date Hand-delivered or Date Postmarked
	4500 Bissonnet St. Ste. 305 Bellaire, TX 77401				Receipt #
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 782-5433				Date Processed
6 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff				Date Imaged
7 PERIOD COVERED	Month Day Year 07/01/2025	THROUGH			Month Day Year 12/31/2025
8 ELECTION	ELECTION DATE Month Day Year 11/04/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		
9 FILER 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 LEIGH WAMBSGANSS State Senator			
		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.)					

GO TO PAGE 2

**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 2**

10 FILER NAME	Texas Right To Life Committee Inc.	
11 Filer ID	(Ethics Commission Filers) 00069853	
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 5,540.91

13 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.

Signature of Filer

or

Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

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 - DCE**FORM DCE**
COVER SHEET PG 3
3 of 5

14 FILER NAME Texas Right To Life Committee Inc.	15 Filer ID (Ethics Commission Filers) 00069853
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 1,880.00
2. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,660.91

POLITICAL EXPENDITURES

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: 1/1 Rpt: 4/5	2 FILER NAME Texas Right To Life Committee Inc.	3 Filer ID (Ethics Commission Filers) 00069853
4 Date 11/04/2025	5 Payee name MALONEY, JUSTIN	
6 Amount (\$) \$1,520.00	7 Payee address; City; State; Zip Code 421 MEADOW PARK DR APT 6119 WILLOW PARK, TX 76087	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. SD9 GOTV MAILER PRINTING AND MATERIALS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name MALONEY, JUSTIN	
Amount (\$) \$360.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE WILLOW PARK, TX 76087	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) MAILING SERVICE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. GENERAL MAILING SERVICES, NCOA CERTIFICATION
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: 1/1 Rpt: 5/5	2 FILER NAME Texas Right To Life Committee Inc.		3 Filer ID (Ethics Commission Filers) 00069853
4 CREDIT CARD ISSUER	Name of financial institution FROST BANK VISA		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$3,660.91	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name PRINTPLACE		(b) Payee address; City, State, Zip Code 1130 Ave H East ARLINGTON, TX 76011
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description SD9 SPECIAL ELECTION POSTCARDS AND TEXTS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder name Office sought		Office held