

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 Date Received ELECTRONICALLY FILED 01/15/2026		
	NICKNAME LAST SUFFIX Texas Right To Life Committee Inc.				
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4500 Bissonnet St. Ste. 305 Bellaire, TX 77401		Date Hand-delivered or Date Postmarked		
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 782-5433		Receipt #	Amount	
6 REPORT TYPE	<input checked="" type="checkbox"/> January 15		Date Processed		
	<input type="checkbox"/> 30th day before election		Date Imaged		
	<input type="checkbox"/> July 15				
	<input type="checkbox"/> 8th day before election				
		<input type="checkbox"/> Runoff			
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.)				
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FORM DCE
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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
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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
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: 1/1 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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 421 MEADOW PARK DR APT 6119 WILLOW PARK, TX 76087	
8 PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE WILLOW PARK, TX 76087	
PURPOSE OF EXPENDITURE	(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 <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)

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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
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		