



# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Texas Right to Life Committee, Inc.</b>		3. FEC Identification Number <b>090015843</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>9800 Centre Pkwy, Suite 200</b>		
(c) City, State and ZIP Code <b>Houston, TX 77036</b>		
2. Occupation and Name of Employer (for Individual Filers Only)		

### 4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

### 5. COVERING PERIOD:

FROM **01/01/2016**

THROUGH **03/31/2016**

### 6. TOTAL CONTRIBUTIONS

### 7. TOTAL INDEPENDENT EXPENDITURES

**15,450.48**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

**Emily Keldocay**

**Emily Keldocay**

**5/10/16**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

NON-FEDERAL ELECTIONS

# SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) <b>Texas Right to Life Committee, Inc.</b>		Date of Public Distribution/Dissemination <b>02 25 2016</b>	
Full Name (Last, First, Middle Initial) of Payee <b>WishList Direct / VoterDirect Texas</b>		Amount <b>1,5,450.40</b>	
Mailing Address <b>PO Box 312100</b>			
City <b>New Braunfels</b>	State <b>TX</b>	Zip Code <b>78131-2100</b>	
Purpose of Expenditure <b>Printed Mail Advertisement</b>	Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>TX</b> District: <b>7</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>John Culberson</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1,5,450.40</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

NON-CONFIDENTIAL

# SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

**A. Full Name (Last, First, Middle Initial)**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

**B. Full Name (Last, First, Middle Initial)**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

**D. Full Name (Last, First, Middle Initial)**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page carry total to Line 6) .....

NON-PROFIT ORGANIZATION

**Via FAX**

CONFIDENTIAL : UNCLASSIFIED : UNCLASSIFIED : UNCLASSIFIED

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

20130808 10:00:00 AM

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <b>FAX</b>	Date of Receipt or Postmarked <b>8/3/16</b>
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED

(8/2013)