

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 Texas Right to Life Committee, Inc. | | 3. FEC Identification Number 090015843 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 9800 Centre Pkwy, Suite 200 | | |
| (c) City, State and ZIP Code Houston TX 77036 | | |
| 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 **15,458.48**

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

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-CONFIDENTIAL

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 7 OF FORM 5

| | |
|---|--|
| NAME OF FILER (In Full) Texas Right to Life Committee, Inc. | |
|---|--|

| | | |
|--|-------------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee WishList Direct / VoterDirect Texas | | Date of Public Distribution/Dissemination 0 2 / 2 5 / 2 0 1 6 |
| Mailing Address PO Box 312100 | | Amount 1,450.40 |
| City New Braunfels | State TX | Zip Code 78131-2100 |
| Purpose of Expenditure Printed Mail Advertisement | Category/Type 0 0 4 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 7 |
| Name of Federal Candidate Supported or Opposed by Expenditure: John Culberson | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 1,450.40 | | 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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) | ▶ |

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SCHEDULE 5-A
ITEMIZED RECEIPTS

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)

Transmission Report

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SIGNATURE _____

DATE

5/10/16

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For further information, contact: Federal Election Commission, 699 E Street, N.W., Washington, D.C. 20543 Toll Free 800-424-9530, Local 202-694-1100

FEC Schedule B (REV 08/2016)

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Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

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