

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation <u>Texas Right to Life Committee, Inc</u>		3. FEC Identification Number <u>C90015843</u>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>9800 Centre PKWY, Ste. 200</u>		
(c) City, State and ZIP Code <u>Houston, TX 77036</u>		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. COVERED PERIOD: FROM 05 02 2018 THROUGH 05 14 2018

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on _____

6. (a) DATE OF PUBLIC DISTRIBUTION(S) 05 14 2018

(b) COMMUNICATIONS TITLE mailers

7. THE FILER IS: (a) an Individual (b) a Corporation or Labor Organization making communications under 11 CFR 114.10
(c) an Unincorporated Organization (d) Other, specify: _____

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT? Yes No

9. CUSTODIAN OF RECORDS
(a) Name Luke Bowen
(b) Address (number and street) 9800 Centre PKWY, Ste. 200
(c) City, State and ZIP Code Houston, TX 77036
(d) Name of Employer or Principal Place of Business Texas Right to Life (e) Occupation Political Director

10. TOTAL DONATIONS THIS STATEMENT

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT 54,310.02

Under penalty of perjury I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Luke Bowen

[Signature]

6/7/2018

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

5/8 5/8 5/8
6/8 4/8 4/8

12. Person(s) Sharing/Exercising Control

A. (a) Name Luke Bowen

(b) Address (number and street) 9800 Centre PKWY, Ste. 200

(c) City, State and ZIP Code Houston, TX 77036

(d) Name of Employer or Principal Place of Business Texas Right to Life (e) Occupation Political Director

B. (a) Name _____

(b) Address (number and street) _____

(c) City, State and ZIP Code _____

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

C. (a) Name _____

(b) Address (number and street) _____

(c) City, State and ZIP Code _____

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

D. (a) Name _____

(b) Address (number and street) _____

(c) City, State and ZIP Code _____

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

E. (a) Name _____

(b) Address (number and street) _____

(c) City, State and ZIP Code _____

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2025 RELEASE UNDER E.O. 14176

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee

Date of Disbursement or Obligation

Texas Right to Life Committee, Inc

05 / 14 / 2018

Mailing Address of Payee

9800 Centre PKWY, Ste 200

Amount

54,310.02

City

Houston, TX

State

Zip Code

Occupation

Name of Employer

Texas Right to Life Political Director

Communication Date

05 / 14 / 2018

Purpose of Disbursement (Including title(s) of communication(s))

mailers

Name of Federal Candidate

Office Sought:

House

State:

TX

Disbursement/Obligation For:

Primary

General

Senate

District:

05

Other (specify) ▶ Snuff

Bonni Pounds

Name of Federal Candidate

Office Sought:

House

State:

TX

Disbursement/Obligation For:

Primary

General

Senate

District:

06

Other (specify) ▶ Snuff

Ron Wright

Name of Federal Candidate

Office Sought:

House

State:

TX

Disbursement/Obligation For:

Primary

General

Senate

District:

21

Other (specify) ▶ Snuff

Chip Roy

B. Full Name (Last, First, Middle Initial) of Payee

Date of Disbursement or Obligation

M M / D D / Y Y Y Y

Mailing Address of Payee

Amount

City

State

Zip Code

Communication Date

M M / D D / Y Y Y Y

Purpose of Disbursement (Including title(s) of communication(s))

Name of Federal Candidate

Office Sought:

House

State: _____

Disbursement/Obligation For:

Primary

General

Senate

District: _____

Other (specify) ▶ _____

Name of Federal Candidate

Office Sought:

House

State: _____

Disbursement/Obligation For:

Primary

General

Senate

District: _____

Other (specify) ▶ _____

Name of Federal Candidate

Office Sought:

House

State: _____

Disbursement/Obligation For:

Primary

General

Senate

District: _____

Other (specify) ▶ _____

SUBTOTAL of Disbursements/Obligations This Page (optional).....▶

54,310.02

TOTAL This Period (last page this line number only).....▶

54,310.02

(carry total from last page to Line 11)

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Via E-Mail

1-800-441-0000

