FEC FORM 1	STATEMEI ORGANIZ	-		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	4500 Bissonnet St.			
(Check if address is changed)	Suite 305			
	Bellaire CITY ▲		TX 77 STATE ▲	2401
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	prolife@texasrighttolife	e.com		
	Optional Second E-Mail Ad	dress plife.com		
(Check if address is changed)				
2. DATE 02	24 ^Y Y Y Y Y 2023			
3. FEC IDENTIFICATION	NUMBER ► C C	00419242		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	I this Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasu	ırer PARMA, REBECCA, , ,			
Signature of Treasurer	RMA, REBECCA, , ,	[Electronically Filed]	Date 02	/ D D / Y Y Y Y 24 2023
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202302249578727984

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complein information below.)	ete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Demo Republic) (d) This committee is a (National, State or subordinate) committee of the (Demo Republic)	cratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its com	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) x This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybr	rid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	·
Joint Fundraising Representative:	

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С 2.

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۷	Write or Type Committee Name		
	TEXAS RIGHT TO LIFE POLITICAL ACTION C		
6.	5. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S TEXAS RIGHT TO LIFE COMMITTEE INC	sponso	N
			-

Mailing Address	4500 BISSONNET ST	
	STE 305	
	BELLAIRE	TX [77401 - [
		STATE ▲ ZIP CODE ▲
Relationship: X Connected	Organization Affiliated Organization Joint Fundraisin	g Representative Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

PARMA, R	EBECCA, , ,
Full Name	
Mailing Address	4500 Bissonnet St.
	Suite 305
	Bellaire TX 77401 Image: Imag
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Legislative Director	Telephone number 713 782 5433

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	PARMA, REBECCA, , ,			
of Treasurer				
Mailing Address	4500 Bissonnet St.			
	Suite 305			
	Bellaire TX 77401 Image: I			
	CITY ▲ STATE ▲ ZIP CODE ▲			
Title or Position ▼				
Legislative Director				

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Full Name of Designated Agent				
Mailing Address				
		CITY A	STATE 🔺	ZIP CODE
Title or Position ▼				
			Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Fr	rost Bank		
Mailing Address	601 Jefferson Street		
		TX 77002	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depo	ository, etc.		
Mailing Address			
	CITY ▲	STATE A	ZIP CODE ▲