

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

TEXAS RIGHT TO LIFE POLITICAL ACTION C

ADDRESS (number and street) 9800 CENTRE PARKWAY SUITE 200

Check if different than previously reported. (ACC) HOUSTON TX 77036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00419242

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on 11 / 06 / 2012 in the State of TX

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Teresa Doyle

Signature of Treasurer Mrs. Teresa Doyle [Electronically Filed] Date 12 / 06 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TEXAS RIGHT TO LIFE POLITICAL ACTION C

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="123.03"/>	<input type="text" value="123.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="994.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7216.50"/>	<input type="text" value="10982.07"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="8210.79"/>	<input type="text" value="11105.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2174.03"/>	<input type="text" value="5068.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6036.76"/>	<input type="text" value="6036.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TEXAS RIGHT TO LIFE POLITICAL ACTION C

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6731.50	7231.50
(ii) Unitemized	485.00	615.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7216.50	7847.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3135.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7216.50	10982.07
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7216.50	10982.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7216.50	10982.07

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	2174.03	5068.34
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2174.03	5068.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2174.03	5068.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7216.50	10982.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7216.50	10982.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 COMMITTEE (In Full)
TEXAS RIGHT TO LIFE POLITICAL ACTION C

A. JEFF & ANNA ALLISTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 WOODLAND PARK DR
 City HOUSTON State TX Zip Code 77082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation STUDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2012
Transaction ID : SA11AI.5151
 Amount of Each Receipt this Period
 231.50

B. WARREN GUY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 ROBINHOOD LN
 City LUFKIN State TX Zip Code 75904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PEDIATRIC DENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012
Transaction ID : SA11AI.5128
 Amount of Each Receipt this Period
 1000.00

C. BRENT SANDERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4424 LIVINGSTON AVE
 City DALLAS State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNKNOWN Occupation UNKNOWN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.5144
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2231.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEXAS RIGHT TO LIFE POLITICAL ACTION C

Full Name (Last, First, Middle Initial) A. RALPH & LINDA SCHMIDT		Date of Receipt
Mailing Address 2925 PIANO BRIDGE RD		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
SCHULENBURG	TX	78956
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5219
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. RALPH & LINDA SCHMIDT		Date of Receipt
Mailing Address 2925 PIANO BRIDGE RD		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
SCHULENBURG	TX	78956
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5140
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) C. JAY SEDWICK		Date of Receipt
Mailing Address 821 PENNSYLVANIA AVE		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
KENNEDALE	TX	76060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5130
Name of Employer	Occupation	Amount of Each Receipt this Period
DALLAS THEOLOGICAL SEMINARY	PROFESSOR	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 38
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TEXAS RIGHT TO LIFE POLITICAL ACTION C

A. JOHN & CYNTHIA SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 1608 DRIFTWOOD LN

City GALVESTON State TX Zip Code 77551

FEC ID number of contributing federal political committee. **C**

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.5142

Amount of Each Receipt this Period
 500.00

B. RICHARD TENNILLE
Full Name (Last, First, Middle Initial)

Mailing Address 10307 HOLLY SPRINGS DR

City HOUSTON State TX Zip Code 77042

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2012

Transaction ID : SA11AI.5124

Amount of Each Receipt this Period
 1000.00

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	6731.50

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.53
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5191	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TED POE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.53
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5192	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SAMUEL R HON. JOHNSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.67		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.53
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5193
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 16.67		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.53
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5194
Name of Federal Candidate Supported or Opposed by Expenditure: JEB MR. HENSARLING		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 16.67		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle **[Electronically Filed]** Date **12 / 06 / 2012**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.53
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5196	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
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 16.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.53
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5197	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEVIN BRADY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.53
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5200	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: K. MICHAEL HON. CONAWAY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.53
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5201	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RANDY WEBER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.06
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle
 Signature _____ [Electronically Filed] Date **12 / 06 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.53
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5202	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL FLORES		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5203	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RANDY NEUGEBAUER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25.05
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5204	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID L ROSA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5206	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LAMAR SMITH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5207	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PETER GRAHAM OLSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5208	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: FRANCISCO 'QUICO' CANSECO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle
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Date **12 / 06 / 2012**

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ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5209	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KENNY E MR. MARCHANT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5210	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROGER WILLIAMS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5211
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL C DR. BURGESS		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 16.65		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5212
Name of Federal Candidate Supported or Opposed by Expenditure: RANDOLPH BLAKE FARENTHOLD		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 27 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 16.65		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle [Electronically Filed] Date **12 / 06 / 2012**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5214	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN CARTER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.5215	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 32 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PETE SESSIONS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5216
Name of Federal Candidate Supported or Opposed by Expenditure: JESSICA PUENTE BRADSHAW		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 34 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 16.65		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South		Amount 12.52
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001	Transaction ID : SE.5217
Name of Federal Candidate Supported or Opposed by Expenditure: SUSAN NARVAIZ		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 35 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 16.65		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle
Signature

[Electronically Filed] Date **12 / 06 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing	Date MM / DD / YYYY 11 / 05 / 2012
Mailing Address 226 9th Avenue South	Amount 12.52
City Great Falls State MT Zip Code 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE STOCKMAN	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 16.65	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.5218

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand	Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8	Amount 0.66
City Houston State TX Zip Code 77006	
Purpose of Expenditure VOTER GUIDE	Category/Type 001
Name of Federal Candidate Supported or Opposed by Expenditure: MITT / RYAN, PAUL D. ROMNEY	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 34.00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : SE.5158

(a) SUBTOTAL of Itemized Independent Expenditures.....	13.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Mrs. Teresa Doyle **[Electronically Filed]** Date **12 / 06 / 2012**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5161	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LOUIE GOHMERT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5162	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TED POE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5163	
Purpose of Expenditure VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SAMUEL R HON. JOHNSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5164	
Purpose of Expenditure VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5165	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JEB MR. HENSARLING		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.33
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5166	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> President
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 16.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mrs. Teresa Doyle

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5167	
Purpose of Expenditure VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEVIN BRADY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5168	
Purpose of Expenditure VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE C MUELLER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 0.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶
(c) TOTAL Independent Expenditures.....▶

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.33
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5169	
Purpose of Expenditure VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL MCCAUL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5170	
Purpose of Expenditure VOTER GUIDE	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: K. MICHAEL HON. CONAWAY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5175	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: LAMAR SMITH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5176	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PETER GRAHAM OLSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.64
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mrs. Teresa Doyle

[Electronically Filed]

Date

MM / DD / YYYY
12 / 06 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5179	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROGER WILLIAMS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5180	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL C DR. BURGESS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 06 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5182	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 27 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RANDOLPH BLAKE FARENTHOLD		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5183	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 31 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN CARTER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.64
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mrs. Teresa Doyle
 Signature _____ [Electronically Filed] Date **12 / 06 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5185	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 32 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: PETE SESSIONS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Tricia Gernand		Date MM / DD / YYYY 11 / 19 / 2012
Mailing Address 1414 Castle Court #8		Amount 0.32
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.5186	
Purpose of Expenditure VOTER GUIDE	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 34 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JESSICA PUENTE BRADSHAW		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 16.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.64
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle

[Electronically Filed]

Signature _____ Date MM / DD / YYYY **12 / 06 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee TOLLFREEZONE.COM		Date M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 26961 VIA LA MIRADA		Amount 493.44
City SAN JUAN CAPISTRANO	State CA	
Zip Code 92675	Transaction ID : SE.5154	
Purpose of Expenditure CAMPAIGN CALLS	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RANDY WEBER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1010.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee TOLLFREEZONE.COM		Date M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 26961 VIA LA MIRADA		Amount 298.14
City SAN JUAN CAPISTRANO	State CA	
Zip Code 92675	Transaction ID : SE.5155	
Purpose of Expenditure CAMPAIGN CALLS	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID L ROSA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 315.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	791.58
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee TOLLFREEZONE.COM		Date M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 26961 VIA LA MIRADA		Amount 282.19
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675
Purpose of Expenditure CAMPAIGN CALLS	Category/Type 006	Transaction ID : SE.5156
Name of Federal Candidate Supported or Opposed by Expenditure: FRANCISCO 'QUICO' CANSECO		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 299.16		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee TOLLFREEZONE.COM		Date M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 26961 VIA LA MIRADA		Amount 240.56
City SAN JUAN CAPISTRANO	State CA	Zip Code 92675
Purpose of Expenditure CAMPAIGN CALLS	Category/Type 006	Transaction ID : SE.5157
Name of Federal Candidate Supported or Opposed by Expenditure: ROGER WILLIAMS		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 257.53		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	522.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Mrs. Teresa Doyle

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ C C00419242
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee WEBER FOR CONGRESS		Date MM / DD / YYYY 11 / 15 / 2012
Mailing Address 1100 GULF FREEWAY SUITE 100		Amount 500.00
City LEAGUE CITY State TX Zip Code 77573	Transaction ID : SE.5153	
Purpose of Expenditure RECEPTION	Category/ Type 007	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RANDY WEBER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 516.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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.....▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	2174.03

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Teresa Doyle **[Electronically Filed]** Date **12 / 06 / 2012**

Signature _____