

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.

TEXAS RIGHT TO LIFE POLITICAL ACTION C

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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 / /

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

FEC FORM 3X Rev. 12/2004

**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="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3635.00"/>	<input type="text" value="3765.57"/>
(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="3635.00"/>	<input type="text" value="3888.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2062.29"/>	<input type="text" value="2315.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1572.71"/>	<input type="text" value="1572.71"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	500.00	500.00
(ii) Unitemized	0.00	130.57
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	500.00	630.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3135.00	3135.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3635.00	3765.57
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))..... ▶	3635.00	3765.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3635.00	3765.57

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)	2062.29	2315.89
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)) ..	2062.29	2315.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2062.29	2315.89

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)	3635.00	3765.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3635.00	3765.57
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:	PAGE 6 OF 43
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<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. Jim Graham
Full Name (Last, First, Middle Initial)

Mailing Address 9800 CENTRE PARKWAY, SUITE 200

City	State	Zip Code
Houston	TX	77036

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

Name of Employer	Occupation
Texas Right to Life	Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.57**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period
500.00

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
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

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
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial)
A. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City State Zip Code
THE WOODLANDS TX 77387

FEC ID number of contributing federal political committee. **C** C00311043

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1135.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2012
Transaction ID : SA11C.4990

Amount of Each Receipt this Period
 1135.00

CAMPAIGN MAILER

Full Name (Last, First, Middle Initial)
B. WEBER FOR CONGRESS

Mailing Address 1100 GULF FREEWAY
SUITE 100

City State Zip Code
LEAGUE CITY TX 77573

FEC ID number of contributing federal political committee. **C** C00502229

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : SA11C.4987

Amount of Each Receipt this Period
 2000.00

LIST RENTAL

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3135.00
TOTAL This Period (last page this line number only).....▶	3135.00

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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount M M M M M M . M M 14.16
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER GUIDE	Category/Type 006	Office Sought: <input type="checkbox"/> House State: TX <input checked="" type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID H DEWHURST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 19.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4940

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount M M M M M M . M M 14.15
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/Type 006	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 M M M M M M . M M 19.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.4941

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	M M M M M M . M M 28.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	M M M M M M . M M
(c) TOTAL Independent Expenditures.....▶	M M M M M M . M M

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 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4942	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4943	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405		Transaction ID : SE.4944
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405		Transaction ID : SE.4945
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 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 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
Advanced Litho Printing
Mailing Address 226 9th Avenue South
City State Zip Code
Great Falls MT 59405
Amount 14.15
Transaction ID : SE.4946
Purpose of Expenditure
NEWSLETTER WITH VOTER'S GUIDE
Category/Type 006
Office Sought: X House State: TX
Senate District: 06
President
Check One: X Support O Oppose
Calendar Year-To-Date Per Election for Office Sought 19.08
Disbursement For: X Primary General
2012 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Advanced Litho Printing
Mailing Address 226 9th Avenue South
City State Zip Code
Great Falls MT 59405
Amount 14.15
Transaction ID : SE.4947
Purpose of Expenditure
NEWSLETTER WITH VOTER'S GUIDE
Category/Type 006
Office Sought: X House State: TX
Senate District: 07
President
Check One: X Support O Oppose
Calendar Year-To-Date Per Election for Office Sought 19.08
Disbursement For: X Primary General
2012 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 28.30
(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 07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4948	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4949	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEXAS RIGHT TO LIFE POLITICAL ACTION C	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00419242 </div>
--	---

Check if 24-hour report 48-hour report New report 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4950	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4952	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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 07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	Transaction ID : SE.4953
Name of Federal Candidate Supported or Opposed by Expenditure: MAC THORNBERRY		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.08		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	Transaction ID : SE.4954
Name of Federal Candidate Supported or Opposed by Expenditure: RANDY WEBER		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 14 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.08		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28.30
(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 **07 / 14 / 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 / D D / Y Y Y Y Y Y 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4955	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M / D D / Y Y Y Y Y Y 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4956	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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 M M / D D / Y Y Y Y Y Y
07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	Transaction ID : SE.4957
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID L ROSA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.08		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	Transaction ID : SE.4959
Name of Federal Candidate Supported or Opposed by Expenditure: LAMAR SMITH		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 19.08		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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 **07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4960	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4961	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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 **07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4962	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date MM / DD / YYYY 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4964	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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: DAVID HENRY GARRISON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 38.16		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28.30
(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 **07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4965	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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: DIANNE SALVAGNO COSTA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 52.31		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4966	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 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 / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4967	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing		Date M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4970	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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 M M / D D / Y Y Y Y
07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4971	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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 19.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount 14.15
City Great Falls	State MT	
Zip Code 59405	Transaction ID : SE.4972	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/ Type 006	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: PAUL B. HARING		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 28.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.30
(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
07 / 14 / 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount M M M M M M . M M 14.15
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/Type 006	Transaction ID : SE.4973
Name of Federal Candidate Supported or Opposed by Expenditure: ADELA GARZA		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 M M M M M M . M M 43.09		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input 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 06 / 15 / 2012
Mailing Address 226 9th Avenue South		Amount M M M M M M . M M 14.16
City Great Falls	State Zip Code MT 59405	
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE	Category/Type 006	Transaction ID : SE.4974
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 M M M M M M . M M 57.25		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	M M M M M M . M M 28.31
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	M M M M M M . M M
(c) TOTAL Independent Expenditures.....▶	M M M M M M . M M

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
07 / 14 / 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 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing	Date <input type="text"/> 06 / <input type="text"/> 15 / <input type="text"/> 2012
Mailing Address 226 9th Avenue South	Amount <input type="text"/> 14.16
City Great Falls State MT Zip Code 59405	Transaction ID : SE.4975
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE Category/Type <input type="text"/> 006	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 35 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SUSAN NARVAIZ	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 19.09	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Advanced Litho Printing	Date <input type="text"/> 06 / <input type="text"/> 15 / <input type="text"/> 2012
Mailing Address 226 9th Avenue South	Amount <input type="text"/> 4.93
City Great Falls State MT Zip Code 59405	Transaction ID : SE.5028
Purpose of Expenditure NEWSLETTER WITH VOTER'S GUIDE Category/Type <input type="text"/> 006	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: MICHAEL L WILLIAMS	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 57.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/> 19.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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 07 / 14 / 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 / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Buzzcraft Internet Marketing		Date M M / D D / Y Y Y Y Y Y 06 / 22 / 2012
Mailing Address 4518 Mount Vernon		Amount 257.50
City Houston	State TX	
Zip Code 77006	Transaction ID : SE.4895	
Purpose of Expenditure CAMPAIGN EMAIL NEWSLETTER	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: TX <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID H DEWHURST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 257.50		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name (Last, First, Middle Initial) of Payee National Mail Advertising		Date M M / D D / Y Y Y Y Y Y 06 / 18 / 2012
Mailing Address 2299 White Street		Amount 199.03
City Houston	State TX	
Zip Code 77007	Transaction ID : SE.4979	
Purpose of Expenditure CAMPAIGN POSTCARD	Category/ Type 006	Office Sought: <input type="checkbox"/> House State: TX <input checked="" type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID H DEWHURST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 218.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	456.53
(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 M M / D D / Y Y Y Y Y Y
07 / 14 / 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 National Mail Advertising		Date M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2012
Mailing Address 2299 White Street		Amount 199.03
City Houston	State TX	
Zip Code 77007	Transaction ID : SE.4980	
Purpose of Expenditure CAMPAIGN POSTCARD	Category/ Type 006	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 218.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee National Mail Advertising		Date M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2012
Mailing Address 2299 White Street		Amount 199.03
City Houston	State TX	
Zip Code 77007	Transaction ID : SE.4981	
Purpose of Expenditure CAMPAIGN POSTCARD	Category/ Type 006	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 218.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	398.06
(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
07 / 14 / 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 National Mail Advertising		Date M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2012
Mailing Address 2299 White Street		Amount 199.02
City Houston	State TX	Zip Code 77007
Purpose of Expenditure CAMPAIGN POSTCARD	Category/ Type 006	Transaction ID : SE.4982
Name of Federal Candidate Supported or Opposed by Expenditure: STEVE C MUELLER		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 218.10		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee National Mail Advertising		Date M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2012
Mailing Address 2299 White Street		Amount 199.02
City Houston	State TX	Zip Code 77007
Purpose of Expenditure CAMPAIGN POSTCARD	Category/ Type 006	Transaction ID : SE.4983
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL MCCAUL		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 218.10		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	398.04
(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

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 14 / 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 National Mail Advertising		Date M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2012
Mailing Address 2299 White Street		Amount 199.02
City Houston	State TX	Zip Code 77007
Purpose of Expenditure CAMPAIGN POSTCARD	Category/Type 006	Transaction ID : SE.4984
Name of Federal Candidate Supported or Opposed by Expenditure: PETER GRAHAM OLSON		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 218.10		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.4896
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID H DEWHURST		Office Sought: <input type="checkbox"/> House State: TX <input checked="" type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	203.95
(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 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.94
City Houston	State TX	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.4897
Name of Federal Candidate Supported or Opposed by Expenditure: LOUIE GOHMERT		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4.94		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.94
City Houston	State TX	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.4898
Name of Federal Candidate Supported or Opposed by Expenditure: TED POE		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4.94		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9.88
(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 **07 / 14 / 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 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
United States Postal Service
Mailing Address 6500 De Moss Dr
City Houston State TX Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER
Category/Type 001
Office Sought: House State: TX
Senate District: 03
President
Check One: Support Oppose
Disbursement For: Primary General
Other (specify)

Full Name (Last, First, Middle Initial) of Payee
United States Postal Service
Mailing Address 6500 De Moss Dr
City Houston State TX Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER
Category/Type 001
Office Sought: House State: TX
Senate District: 04
President
Check One: Support Oppose
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 9.88
(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 07 / 14 / 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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.94
City Houston	State TX	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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 4.94		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4901

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE LINUS BARTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4902

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9.87
(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 **07 / 14 / 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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4904	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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 4.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4905	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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 4.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9.86
(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

Signature **07** / **14** / **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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State Zip Code TX 77074	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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 4.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4909

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State Zip Code TX 77074	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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 4.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.4910

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9.86
(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 **07 / 14 / 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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.4912
Name of Federal Candidate Supported or Opposed by Expenditure: K. MICHAEL HON. CONAWAY		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.4913
Name of Federal Candidate Supported or Opposed by Expenditure: MAC THORNBERRY		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9.86
(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 **07 / 14 / 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 [] 24-hour report [] 48-hour report [] New report [] Amends report filed on [] / [] / []

Full Name (Last, First, Middle Initial) of Payee
United States Postal Service
Mailing Address 6500 De Moss Dr
City Houston State TX Zip Code 77074
Date 05 / 10 / 2012
Amount 4.93
Transaction ID : SE.4914
Purpose of Expenditure POSTAGE FOR NEWSLETTER Category/Type 001
Office Sought: [X] House State: TX [] Senate District: 14 [] President
Check One: [X] Support [] Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: RANDY WEBER
Calendar Year-To-Date Per Election for Office Sought 4.93
Disbursement For: [X] Primary [] General [] Other (specify)

Full Name (Last, First, Middle Initial) of Payee
United States Postal Service
Mailing Address 6500 De Moss Dr
City Houston State TX Zip Code 77074
Date 05 / 10 / 2012
Amount 4.93
Transaction ID : SE.4915
Purpose of Expenditure POSTAGE FOR NEWSLETTER Category/Type 001
Office Sought: [X] House State: TX [] Senate District: 21 [] President
Check One: [X] Support [] Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: LAMAR SMITH
Calendar Year-To-Date Per Election for Office Sought 4.93
Disbursement For: [X] Primary [] General [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 9.86
(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 07 / 14 / 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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4916	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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 4.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4917	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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 4.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9.86
(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 **07 / 14 / 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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State Zip Code TX 77074	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.4918
Name of Federal Candidate Supported or Opposed by Expenditure: KENNY E MR. MARCHANT		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 4.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State Zip Code TX 77074	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.4922
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID HENRY GARRISON		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 4.93		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9.86
(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 **07 / 14 / 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 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee United States Postal Service
Mailing Address 6500 De Moss Dr
City Houston State TX Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER Category/Type 001
Office Sought: House State: TX
Check One: Support Oppose
Disbursement For: Primary General
Amount 4.93
Transaction ID : SE.4924

Full Name (Last, First, Middle Initial) of Payee United States Postal Service
Mailing Address 6500 De Moss Dr
City Houston State TX Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER Category/Type 001
Office Sought: House State: TX
Check One: Support Oppose
Disbursement For: Primary General
Amount 4.93
Transaction ID : SE.4929

(a) SUBTOTAL of Itemized Independent Expenditures 9.86
(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 07 14 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 ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00419242 </div>
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 United States Postal Service		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 10 / 2012</div>
Mailing Address 6500 De Moss Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">4.93</div>
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4930	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	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 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">4.93</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 10 / 2012</div>
Mailing Address 6500 De Moss Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">4.93</div>
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4931	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	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 <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">4.93</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9.86
(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
07 / 14 / 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 24-hour report 48-hour report New report Amends report filed on / /

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 6500 De Moss Dr		Amount <input type="text"/> 4.93
City Houston State TX Zip Code 77074	Purpose of Expenditure POSTAGE FOR NEWSLETTER	Transaction ID : SE.4932
Category/Type <input type="text"/> 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 32
Name of Federal Candidate Supported or Opposed by Expenditure: PETE SESSIONS	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4.93	2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 6500 De Moss Dr		Amount <input type="text"/> 4.93
City Houston State TX Zip Code 77074	Purpose of Expenditure POSTAGE FOR NEWSLETTER	Transaction ID : SE.4933
Category/Type <input type="text"/> 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 34
Name of Federal Candidate Supported or Opposed by Expenditure: PAUL B. HARING	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4.93	2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 9.86
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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 / /

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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4934	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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: ADELA GARZA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4936	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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 14.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9.86
(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 **07 / 14 / 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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4938	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 35 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SUSAN NARVAIZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 4.93
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.4976	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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 4.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9.86
(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
07 **14** **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 <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 6500 De Moss Dr		Amount <input type="text"/>
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.4977
Name of Federal Candidate Supported or Opposed by Expenditure: RANDY NEUGEBAUER		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee United States Postal Service		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 6500 De Moss Dr		Amount <input type="text"/>
City Houston	State TX	Zip Code 77074
Purpose of Expenditure POSTAGE FOR NEWSLETTER	Category/Type 001	Transaction ID : SE.4978
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID L ROSA		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

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 / /

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 United States Postal Service		Date MM / DD / YYYY 05 / 10 / 2012
Mailing Address 6500 De Moss Dr		Amount 14.15
City Houston	State TX	
Zip Code 77074	Transaction ID : SE.5030	
Purpose of Expenditure POSTAGE FOR NEWSLETTER	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: MICHAEL L WILLIAMS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 24.01		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 MM / DD / YYYY
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure	Category/Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	2062.29

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

MM / DD / YYYY
07 / 14 / 2012

Signature