

Image# 201809129121704452

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McCaul, Michael, , ,			2. Candidate's FEC Identification Number H4TX10093	
(b) Address (number and street) 815-A Brazos Street PMB 230		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Austin TX 78701-2514		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate TX 10		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) McCaul for Congress, Inc		
(b) Address (number and street) 815 Brazos St		
(c) City, State, and ZIP Code Austin TX 78701-2514		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Team McCaul Texas Victory		
(b) Address (number and street) 1005 Congress Ave Ste 910		
(c) City, State, and ZIP Code Austin TX 78701		

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

Signature of Candidate McCaul, Michael, , ,  <i>[Electronically Filed]</i>	Date 09/12/2018
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

**STARS AND STRIPES AMERICA**

(b) Address (number and street)

PO BOX 15239

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code