

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DONALD R MAY FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 11 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2345.12	2445.12
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2345.12	2445.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	67365.60	67369.54
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	67365.60	67369.54
8. Cash on Hand at Close of Reporting Period (from Line 27)		
	35075.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	100000.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DONALD R MAY FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2041.02	2141.02
(ii) Unitemized.....	304.10	304.10
(iii) TOTAL of contributions from individuals ▶	2345.12	2445.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2345.12	2445.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	100000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2345.12	102445.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	67365.60	67369.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	67365.60	67369.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	100096.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2345.12
25. SUBTOTAL (add Line 23 and Line 24).....	102441.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67365.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35075.58

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 10
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DONALD R MAY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HAYDEN, DON, , ,

Mailing Address 4606 9TH ST

City LUBBOCK State TX Zip Code 79416

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 06 / 2026

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
1041.02

Memo Item
RECEIVED THROUGH CONDUIT WINRED

B. Full Name (Last, First, Middle Initial)
STETSON, CLOYCE, , ,

Mailing Address 4616 86TH STREET

City LUBBOCK State TX Zip Code 79424

FEC ID number of contributing federal political committee. C

Name of Employer TTUHSC Occupation DOCTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 04 / 2026

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
1000.00

Memo Item
RECEIVED THROUGH CONDUIT WINRED

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

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2445.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
2345.12

Memo Item
RECEIVED THROUGH CONDUIT LIMIT NOT AFFECTED

SUBTOTAL of Receipts This Page (optional).....▶	2041.02
TOTAL This Period (last page this line number only).....▶	2041.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DONALD R MAY FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. AXCAPITAL		M M / D D / Y Y Y Y 02 / 10 / 2026
Mailing Address 655 METRO PLACE S		FEC Identification Number
City DUBLIN	State OH	Zip Code 43017
Purpose of Disbursement ACCOUNTING & COMPLIANCE		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2026	Amount of Each Disbursement this Period
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	3610.00
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4109
<input type="checkbox"/> President		<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CAZ CONSULTING		M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address 5049 EDWARDS RANCH RD		FEC Identification Number
City FORT WORTH	State TX	Zip Code 76109
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2026	Amount of Each Disbursement this Period
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	5000.00
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4114
<input type="checkbox"/> President		<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. CAZ CONSULTING		M M / D D / Y Y Y Y 01 / 16 / 2026
Mailing Address 5049 EDWARDS RANCH RD		FEC Identification Number
City FORT WORTH	State TX	Zip Code 76109
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2026	Amount of Each Disbursement this Period
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	100.00
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4115
<input type="checkbox"/> President		<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8710.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
DONALD R MAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAZ CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026
Mailing Address 5049 EDWARDS RANCH RD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76109
Purpose of Disbursement TEXT MESSAGING		Amount of Each Disbursement this Period 8591.70
Candidate Name		Transaction ID : SB17.4118
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CAZ CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026
Mailing Address 5049 EDWARDS RANCH RD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76109
Purpose of Disbursement TEXT MESSAGING		Amount of Each Disbursement this Period 4607.50
Candidate Name		Transaction ID : SB17.4113
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CAZ CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2026
Mailing Address 5049 EDWARDS RANCH RD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76109
Purpose of Disbursement TEXT MESSAGING		Amount of Each Disbursement this Period 7165.50
Candidate Name		Transaction ID : SB17.4111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	20364.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 10			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
DONALD R MAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAZ CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2026
Mailing Address 5049 EDWARDS RANCH RD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76109
Purpose of Disbursement STRATEGY CONSULTING		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB17.4112
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CAZ CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2026
Mailing Address 5049 EDWARDS RANCH RD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76109
Purpose of Disbursement TEXT MESSAGING		Amount of Each Disbursement this Period 4150.50
Candidate Name		Transaction ID : SB17.4107
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. PULSE		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2026
Mailing Address 416 W 15TH ST		FEC Identification Number C
City EDMOND	State OK	Zip Code 73013
Purpose of Disbursement POLLING		Amount of Each Disbursement this Period 21791.00
Candidate Name		Transaction ID : SB17.4121
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	30941.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DONALD R MAY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WRS POLITICAL			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 712 H ST			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 7232.00		
Purpose of Disbursement WEB SERVICES		Category/ Type	Transaction ID : SB17.4116		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	7232.00
TOTAL This Period (last page this line number only).....▶	67248.20

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4099**
DONALD R MAY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
MAY, DONALD R, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 1677		<input type="checkbox"/> General
City LUBBOCK		<input type="checkbox"/> Other (specify) ▼
State TX	ZIP Code 79408	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 22 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.