

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

McCaul 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 03 / 31 / 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))	30000.00	132128.50
(b) Total Contribution Refunds (from Line 20(d))	1500.00	44800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	28500.00	87328.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9590.49	446027.08
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9590.49	445777.08
8. Cash on Hand at Close of Reporting Period (from Line 27)		
	1820.29	
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)		
	0.00	

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

McCaul 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).....	0.00	38696.91
(ii) Unitemized.....	0.00	20131.59
(iii) TOTAL of contributions from individuals ▶	0.00	58828.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	30000.00	73300.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30000.00	132128.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	126499.53
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	25800.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	25800.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	250.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	8000.00	8000.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	38000.00	292678.03

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.....	9590.49	446027.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	28500.00	28500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	28500.00	28500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	43300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1500.00	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1500.00	44800.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	39590.49	519327.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3410.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	38000.00
25. SUBTOTAL (add Line 23 and Line 24).....	41410.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39590.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1820.29

**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 18
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
McCaul for Congress

A. Full Name (Last, First, Middle Initial)
NOW ELECTING HONEST LEADERSHIP AND SERVICE PAC

Mailing Address PO BOX 183

City HUDSON State WI Zip Code 54016-0183

FEC ID number of contributing federal political committee. **C** C00757120

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2026

Transaction ID : SA11C.110646

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT PRIMARY 2026

B. Full Name (Last, First, Middle Initial)
RAPTOR PAC

Mailing Address PO BOX 4864

City MIDLAND State TX Zip Code 79704-4864

FEC ID number of contributing federal political committee. **C** C00749481

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2026

Transaction ID : SA11C.110645

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT PRIMARY 2026

C. Full Name (Last, First, Middle Initial)
BUILDING AMERICA'S REPUBLICAN REPRESENTATION PAC

Mailing Address 824 S MILLEDGE AVE
STE 101

City ATHENS State GA Zip Code 30605-1369

FEC ID number of contributing federal political committee. **C** C00572271

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2026

Transaction ID : SA11C.110647

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION
DEBT RETIREMENT PRIMARY 2026

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCaul for Congress

A. Full Name (Last, First, Middle Initial)
ANN PAC

Mailing Address PO BOX 3535

City BALLWIN State MO Zip Code 63022-3535

FEC ID number of contributing federal political committee. **C** C00531764

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2026

Transaction ID : SA11C.110649

Amount of Each Receipt this Period
5000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT PRIMARY 2026

B. Full Name (Last, First, Middle Initial)
OLD BREED PAC

Mailing Address PO BOX 183

City HUDSON State WI Zip Code 54016-0183

FEC ID number of contributing federal political committee. **C** C00819425

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2026

Transaction ID : SA11C.110648

Amount of Each Receipt this Period
5000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT PRIMARY 2026

C. Full Name (Last, First, Middle Initial)
CITY ON A HILL PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824-0844

FEC ID number of contributing federal political committee. **C** C00729616

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

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

Transaction ID : SA11C.110650

Amount of Each Receipt this Period
5000.00

Memo Item
 CONTRIBUTION
 DEBT RETIREMENT PRIMARY 2026; REFUNDED
 \$1,500.00 ON 02/23/2026

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	30000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
McCaul for Congress

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

Mailing Address PO BOX 3530

City SAN ANGELO State TX Zip Code 76902

FEC ID number of contributing federal political committee. **C** C00719294

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2026

Transaction ID : SA15.7830

Amount of Each Receipt this Period
4000.00

Memo Item
SALE OF DONOR LIST

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

Mailing Address PO BOX 7027

City VICTORIA State TX Zip Code 77903-7027

FEC ID number of contributing federal political committee. **C** C00655332

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

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

Transaction ID : SA15.7831

Amount of Each Receipt this Period
4000.00

Memo Item
SALE OF DONOR LIST

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) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8000.00

8000.00

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 18			
	<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)
McCaul for Congress

A. CMDI

Full Name (Last, First, Middle Initial)
Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 07 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.10001

Memo Item

B. CAPITOL HILL CLUB

Full Name (Last, First, Middle Initial)
Mailing Address 300 FIRST ST SE

City WASHIGNTON State DC Zip Code 20003

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 147.40

Transaction ID : SB17.10000

Memo Item

C. INTUIT

Full Name (Last, First, Middle Initial)
Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 79.95

Transaction ID : SB17.10002

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 427.35

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 18	
	<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)
McCaul for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. PLAINS CAPITAL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y
Mailing Address 2323 VICTORY AVE		<input type="text"/> 01 / <input type="text"/> 15 / <input type="text"/> 2026
City DALLAS	State TX	Zip Code 75219
Purpose of Disbursement BANK FEE	<input type="text"/> Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="text"/> 74.13
State: District:	Transaction ID : SB17.10003	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. AT&T		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y
Mailing Address PO BOX 2971		<input type="text"/> 01 / <input type="text"/> 23 / <input type="text"/> 2026
City OMAHA	State NE	Zip Code 68103
Purpose of Disbursement PHONE SVC	<input type="text"/> Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="text"/> 168.76
State: District:	Transaction ID : SB17.10004	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. ADP		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y
Mailing Address 1 ADP BLVD		<input type="text"/> 01 / <input type="text"/> 30 / <input type="text"/> 2026
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SVC/TAXES	<input type="text"/> Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="text"/> 184.18
State: District:	Transaction ID : SB17.10005	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/> 427.07
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 10 OF 18			
	<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)
McCaul for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement MM / DD / YYYY 02 / 13 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 79.95	
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) ▼	Transaction ID : SB17.10006
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PLAINS CAPITAL		Date of Disbursement MM / DD / YYYY 02 / 18 / 2026
Mailing Address 2323 VICTORY AVE		FEC Identification Number C
City DALLAS	State TX	Zip Code 75219
Purpose of Disbursement BANK FEE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 74.35	
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) ▼	Transaction ID : SB17.10007
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BERKE FARRAH LLP		Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 873 N HARRISON ST		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22205
Purpose of Disbursement LEGAL CONSULTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 855.00	
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) ▼	Transaction ID : SB17.10008
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1009.30
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 11 OF 18			
	<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)
McCaul for Congress

A. AT&T

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 2971

City OMAHA State NE Zip Code 68103

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 168.76

Transaction ID : SB17.10009

Memo Item

B. RIGHTSIDE COMPLIANCE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 176.41

Transaction ID : SB17.10011

Memo Item

C. RIGHTSPACE STORAGE

Full Name (Last, First, Middle Initial)
Mailing Address 8956 RESEARCH BLVD

City AUSTIN State TX Zip Code 78758

Purpose of Disbursement STORAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 696.60

Transaction ID : SB17.10010

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1041.77

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 12 OF 18			
	<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)
McCaul for Congress

Full Name (Last, First, Middle Initial) A. CHASE CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026
Mailing Address PO BOX 94014		FEC Identification Number C
City PALATINE	State IL	Zip Code 60094
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period 5979.57
Candidate Name		Transaction ID : SB17.10012
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026
Mailing Address PO BOX 2971		FEC Identification Number C
City OMAHA	State NE	Zip Code 68103
Purpose of Disbursement PHONE SVC		Amount of Each Disbursement this Period 693.96
Candidate Name		Transaction ID : SB17.20002
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. HOUSTON CHRONICLE		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026
Mailing Address 4747 SOUTHWEST FWY		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77027
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 239.20
Candidate Name		Transaction ID : SB17.20001
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5979.57
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 13 OF 18	
	<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)
McCaul for Congress

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE
SUITE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement WEB SEVC/SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
03 / 10 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1950.58

Transaction ID : SB17.20005

Memo Item

Full Name (Last, First, Middle Initial)

B. RIGHTSPACE STORAGE

Mailing Address 8956 RESEARCH BLVD

City AUSTIN State TX Zip Code 78758

Purpose of Disbursement STORAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
03 / 10 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 418.00

Transaction ID : SB17.20003

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST
#400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
03 / 10 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 296.12

Transaction ID : SB17.20009

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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 14 OF 18	
	<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)
McCaul for Congress

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 03 / 10 / 2026
Mailing Address 233 S WACKER DR STE 430		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60606
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2381.71	
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) ▼	Transaction ID : SB17.20008
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SECURCARE		Date of Disbursement MM / DD / YYYY 03 / 10 / 2026
Mailing Address 3007 LONGMIRE DR		FEC Identification Number C
City COLLEGE STATION	State TX	Zip Code 77845
Purpose of Disbursement STORAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 397.00	
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) ▼	Transaction ID : SB17.10013
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 03 / 13 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 79.95	
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) ▼	Transaction ID : SB17.10014
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	476.95
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 15 OF 18			
	<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)
McCaul for Congress

Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. PLAINS CAPITAL			M M / D D / Y Y Y Y 03 / 17 / 2026		
Mailing Address 2323 VICTORY AVE			FEC Identification Number		
City DALLAS		State TX	Zip Code 75219		C
Purpose of Disbursement BANK FEE			Amount of Each Disbursement this Period		
Candidate Name			59.72		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Transaction ID : SB17.10015		
Disbursement For: <input 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)			Date of Disbursement		
B. AT&T			M M / D D / Y Y Y Y 03 / 24 / 2026		
Mailing Address PO BOX 2971			FEC Identification Number		
City OMAHA		State NE	Zip Code 68103		C
Purpose of Disbursement PHONE SVC			Amount of Each Disbursement this Period		
Candidate Name			168.76		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Transaction ID : SB17.10016		
Disbursement For: <input 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)			Date of Disbursement		
C.			M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number		
City		State	Zip Code		C
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			<input type="checkbox"/> Memo Item		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	228.48
TOTAL This Period (last page this line number only).....▶	9590.49

**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 16 OF 18	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
McCaul for Congress

Full Name (Last, First, Middle Initial) A. MCCAUL, MICHAEL, , ,		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2026
Mailing Address 815 BRAZOS ST STE A PMB 230		FEC Identification Number C C00392688
City AUSTIN	State TX	Zip Code 78701
Purpose of Disbursement LOAN REPAYMENT		Amount of Each Disbursement this Period 28500.00
Candidate Name		Transaction ID : SB19.2000
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	28500.00
TOTAL This Period (last page this line number only).....▶	28500.00

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 17 OF 18	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
McCaul for Congress

Full Name (Last, First, Middle Initial)
A. CITY ON A HILL PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement CONTRIBUTION REFUND-DEBT RETIRMENT 2026

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District: DEBT RETIREMENT

Date of Disbursement: 02 / 23 / 2026

FEC Identification Number: C C00729616

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB20.3005

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **McCaul for Congress** Transaction ID : **SC10.6830**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
MCCAUL, MICHAEL, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 815 BRAZOS ST STE A PMB 230		<input type="checkbox"/> General
City State ZIP Code AUSTIN TX 78701-2514		<input type="checkbox"/> Other (specify) ▼
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25800.00	25800.00	0.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 31 / 2025	ON DEMAND	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).....▶	0.00
TOTALS This Period (last page in this line only).....▶	0.00

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