

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Paul Saulsbury 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)) | 401.00 | 0.00 |
| (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)) | 401.00 | 0.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 8334.50 | 0.00 |
| (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)) | 8334.50 | 0.00 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 922.06 | |
| 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) | 8334.50 | |

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

Paul Saulsbury 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 | 0.00 |
| (ii) Unitemized..... | 401.00 | 0.00 |
| (iii) TOTAL of contributions from individuals ▶ | 401.00 | 0.00 |
| (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)).. | 401.00 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 8334.50 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 8334.50 | 0.00 |
| 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)..... ▶ | 8735.50 | 0.00 |

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..... | 8334.50 | 0.00 |
| 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) ▶ | 8334.50 | 0.00 |

III. CASH SUMMARY

| | |
|---------------------------------------------------------------------------------------|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 521.06 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 8735.50 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 9256.56 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 8334.50 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 922.06 |

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

| | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 17 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
Paul Saulsbury for congress

A. Full Name (Last, First, Middle Initial)
Saulsbury, Paul, William, ,

Mailing Address 1725 Oregon St

| | | |
|-----------------|-------------|-------------------|
| City Redding | State CA | Zip Code 96001 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H0CA01205

| | |
|---------------------------------------------------|---------------------------------------|
| Name of Employer Hill Country Community Clinic | Occupation Mobile Crisis Clinician |
|---------------------------------------------------|---------------------------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2026

Transaction ID : SA13A.4119

Amount of Each Receipt this Period
1500.00

Memo Item
candidate loan

B. Full Name (Last, First, Middle Initial)
Saulsbury, Paul, William, ,

Mailing Address 1725 Oregon St

| | | |
|-----------------|-------------|-------------------|
| City Redding | State CA | Zip Code 96001 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H0CA01205

| | |
|---------------------------------------------------|---------------------------------------|
| Name of Employer Hill Country Community Clinic | Occupation Mobile Crisis Clinician |
|---------------------------------------------------|---------------------------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2026

Transaction ID : SA13A.4121

Amount of Each Receipt this Period
2500.00

Memo Item
Candidate loan

C. Full Name (Last, First, Middle Initial)
Saulsbury, Paul, William, ,

Mailing Address 1725 Oregon St

| | | |
|-----------------|-------------|-------------------|
| City Redding | State CA | Zip Code 96001 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H0CA01205

| | |
|---------------------------------------------------|---------------------------------------|
| Name of Employer Hill Country Community Clinic | Occupation Mobile Crisis Clinician |
|---------------------------------------------------|---------------------------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5706.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2026

Transaction ID : SA13A.4117

Amount of Each Receipt this Period
1706.50

Memo Item
Candidate loan

| | |
|-------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 5706.50 |
| 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: (check only one) | PAGE 6 OF 17 |
| | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
Paul Saulsbury for congress

A. Full Name (Last, First, Middle Initial)
Saulsbury, Paul, William, ,

Mailing Address 1725 Oregon St

| | | |
|-----------------|-------------|-------------------|
| City Redding | State CA | Zip Code 96001 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H0CA01205

| | |
|---------------------------------------------------|---------------------------------------|
| Name of Employer Hill Country Community Clinic | Occupation Mobile Crisis Clinician |
|---------------------------------------------------|---------------------------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6056.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2026

Transaction ID : SA13A.4120

Amount of Each Receipt this Period
350.00

Memo Item
Candidate Loan

B. Full Name (Last, First, Middle Initial)
Saulsbury, Paul, William, ,

Mailing Address 1725 Oregon St

| | | |
|-----------------|-------------|-------------------|
| City Redding | State CA | Zip Code 96001 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H0CA01205

| | |
|---------------------------------------------------|---------------------------------------|
| Name of Employer Hill Country Community Clinic | Occupation Mobile Crisis Clinician |
|---------------------------------------------------|---------------------------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7079.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2026

Transaction ID : SA13A.4115

Amount of Each Receipt this Period
1023.00

Memo Item
Candidate Loan

C. Full Name (Last, First, Middle Initial)
Saulsbury, Paul, William, ,

Mailing Address 1725 Oregon St

| | | |
|-----------------|-------------|-------------------|
| City Redding | State CA | Zip Code 96001 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H0CA01205

| | |
|---------------------------------------------------|---------------------------------------|
| Name of Employer Hill Country Community Clinic | Occupation Mobile Crisis Clinician |
|---------------------------------------------------|---------------------------------------|

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7734.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2026

Transaction ID : SA13A.4116

Amount of Each Receipt this Period
655.00

Memo Item
Candidate Loan

| | |
|-------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 2028.00 |
| 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 7 OF 17
(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)
Paul Saulsbury for congress

A. Full Name (Last, First, Middle Initial)
Saulsbury, Paul, William, ,

Mailing Address 1725 Oregon St

City Redding State CA Zip Code 96001

FEC ID number of contributing federal political committee. **C** H0CA01205

Name of Employer Hill Country Community Clinic Occupation Mobile Crisis Clinician

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8334.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2026

Transaction ID : SA13A.4118

Amount of Each Receipt this Period
600.00

Memo Item
Candidate Loan

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) ▼

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

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).....▶ | 600.00 |
| TOTAL This Period (last page this line number only).....▶ | 8334.50 |

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

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)
Paul Saulsbury for congress

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Paul Saulsbury for congress | | Date of Disbursement MM / DD / YYYY 02 / 09 / 2026 |
| Mailing Address 1725 Oregon St | | FEC Identification Number C C00933820 |
| City Redding | State CA | Zip Code 96001 |
| Purpose of Disbursement Candidate Statement | 004 | |
| Candidate Name Paul Saulsbury for congress | Category/Type | |
| Office Sought: <input checked="" 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) ▼ | Amount of Each Disbursement this Period 1500.00 |
| State: CA District: 02 | Transaction ID : SB17.4123 <input type="checkbox"/> Memo Item | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Paul Saulsbury for congress | | Date of Disbursement MM / DD / YYYY 02 / 24 / 2026 |
| Mailing Address 1725 Oregon St | | FEC Identification Number C C00933820 |
| City Redding | State CA | Zip Code 96001 |
| Purpose of Disbursement Filing Fee | 001 | |
| Candidate Name Paul Saulsbury for congress | Category/Type | |
| Office Sought: <input checked="" 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) ▼ | Amount of Each Disbursement this Period 1706.50 |
| State: CA District: 02 | Transaction ID : SB17.4127 <input type="checkbox"/> Memo Item | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Paul Saulsbury for congress | | Date of Disbursement MM / DD / YYYY 03 / 03 / 2026 |
| Mailing Address 1725 Oregon St | | FEC Identification Number C C00933820 |
| City Redding | State CA | Zip Code 96001 |
| Purpose of Disbursement Candidate statement | 004 | |
| Candidate Name Paul Saulsbury for congress | Category/Type | |
| Office Sought: <input checked="" 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) ▼ | Amount of Each Disbursement this Period 350.00 |
| State: CA District: 02 | Transaction ID : SB17.4128 <input type="checkbox"/> Memo Item | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3556.50 |
| 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 17 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Paul Saulsbury for congress

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Paul Saulsbury for congress | | | Date of Disbursement MM / DD / YYYY 03 / 04 / 2026 | |
| Mailing Address 1725 Oregon St | | | FEC Identification Number C C00933820 | |
| City Redding | State CA | Zip Code 96001 | Amount of Each Disbursement this Period 655.00 | |
| Purpose of Disbursement Candidate statement | | Category/ Type 004 | Transaction ID : SB17.4126 | |
| Candidate Name Paul Saulsbury for congress | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input checked="" 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: CA | District: 02 | | | |

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Paul Saulsbury for congress | | | Date of Disbursement MM / DD / YYYY 03 / 04 / 2026 | |
| Mailing Address 1725 Oregon St | | | FEC Identification Number C C00933820 | |
| City Redding | State CA | Zip Code 96001 | Amount of Each Disbursement this Period 1023.00 | |
| Purpose of Disbursement candidate statement | | Category/ Type 004 | Transaction ID : SB17.4129 | |
| Candidate Name Paul Saulsbury for congress | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input checked="" 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: CA | District: 02 | | | |

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Paul Saulsbury for congress | | | Date of Disbursement MM / DD / YYYY 03 / 10 / 2026 | |
| Mailing Address 1725 Oregon St | | | FEC Identification Number C C00933820 | |
| City Redding | State CA | Zip Code 96001 | Amount of Each Disbursement this Period 600.00 | |
| Purpose of Disbursement Candidate statement | | Category/ Type 004 | Transaction ID : SB17.4125 | |
| Candidate Name Paul Saulsbury for congress | | Memo Item <input type="checkbox"/> | | |
| Office Sought: <input checked="" 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: CA | District: 02 | | | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2278.00 |
| 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 10 OF 17 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
Paul Saulsbury for congress

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Paul Saulsbury for congress | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026 |
| Mailing Address 1725 Oregon St | | FEC Identification Number C C00933820 |
| City Redding | State CA | Zip Code 96001 |
| Purpose of Disbursement Website | 004 | |
| Candidate Name Paul Saulsbury for congress | | Amount of Each Disbursement this Period 2500.00 |
| Office Sought: <input checked="" 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: CA District: 02 | Transaction ID : SB17.4122 <input type="checkbox"/> Memo Item | |

| | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 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 | 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) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 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 | 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) ▼ | |
| State: District: | <input type="checkbox"/> Memo Item | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | 8334.50 |

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Paul Saulsbury for congress** Transaction ID : **SC/10.4119**

| | | |
|-----------------------------------------------------------------------------------------------|-------------|---------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: 2026 |
| Saulsbury, Paul, William, , | | <input checked="" type="checkbox"/> Primary |
| Mailing Address 1725 Oregon St | | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) ▼ |
| City Redding | State CA | ZIP Code 96001 |
| <input checked="" type="checkbox"/> Personal Funds of the Candidate | | |

| | | |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1500.00 | 0.00 | 1500.00 |

| | | | | |
|--------------|----------------|----------------|----------------------------------|---------------------------------------------------------------------|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | 02 / 09 / 2026 | 10 / 31 / 0005 | 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).....▶ | 1500.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Paul Saulsbury for congress** Transaction ID : **SC/10.4121**

| | | |
|-----------------------------------------------------------------------------------------------|-------------|---------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: 2026 |
| Saulsbury, Paul, William, , | | <input checked="" type="checkbox"/> Primary |
| Mailing Address 1725 Oregon St | | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) ▼ |
| City Redding | State CA | ZIP Code 96001 |
| <input checked="" type="checkbox"/> Personal Funds of the Candidate | | |

| | | |
|------------------------------------|------------------------------------|--------------------------------------------------------|
| Original Amount of Loan 2500.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 2500.00 |
|------------------------------------|------------------------------------|--------------------------------------------------------|

| | | | | |
|--------------|---------------------------------------|---------------------------------------|----------------------------------|---------------------------------------------------------------------|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M M / D D / Y Y Y Y 02 / 17 / 2026 | M M / D D / Y Y Y Y 10 / 31 / 0005 | 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).....▶ | 2500.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Paul Saulsbury for congress** Transaction ID : **SC/10.4117**

| | | |
|-----------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: 2026 |
| Saulsbury, Paul, William, , | | <input checked="" type="checkbox"/> Primary |
| Mailing Address 1725 Oregon St | | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) ▼ |
| City Redding | State CA | ZIP Code 96001 |
| | | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1706.50 | 0.00 | 1706.50 |

| | | | | |
|--------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------------------------------------------|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | MM / DD / YYYY 02 / 24 / 2026 | MM / DD / YYYY 10 / 31 / 0005 | 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).....▶ | 1706.50 |
| TOTALS This Period (last page in this line only).....▶ | [] |

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Paul Saulsbury for congress** Transaction ID : **SC/10.4120**

| | | |
|-----------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: 2026 |
| Saulsbury, Paul, William, , | | <input checked="" type="checkbox"/> Primary |
| Mailing Address 1725 Oregon St | | <input type="checkbox"/> General |
| City Redding | | <input type="checkbox"/> Other (specify) ▼ |
| State CA | ZIP Code 96001 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-----------------------------------|------------------------------------|-------------------------------------------------------|
| Original Amount of Loan 350.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 350.00 |
|-----------------------------------|------------------------------------|-------------------------------------------------------|

| | | | | |
|--------------|---------------------------------------|---------------------------------------|----------------------------------|---------------------------------------------------------------------|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M M / D D / Y Y Y Y 03 / 03 / 2026 | M M / D D / Y Y Y Y 10 / 31 / 0005 | 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).....▶ | 350.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Paul Saulsbury for congress** Transaction ID : **SC/10.4115**

| | | |
|-----------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: 2026 |
| Saulsbury, Paul, William, , | | <input checked="" type="checkbox"/> Primary |
| Mailing Address 1725 Oregon St | | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) ▼ |
| City Redding | State CA | ZIP Code 96001 |
| | | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1023.00 | 0.00 | 1023.00 |

| | | | | |
|--------------|----------------|----------------|----------------------------------|---------------------------------------------------------------------|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | 03 / 04 / 2026 | 10 / 31 / 0005 | 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).....▶ | 1023.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Paul Saulsbury for congress** Transaction ID : **SC/10.4116**

| | | |
|-----------------------------------------------------------------------------------------------|-------------|---------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: 2026 |
| Saulsbury, Paul, William, , | | <input checked="" type="checkbox"/> Primary |
| Mailing Address 1725 Oregon St | | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) ▼ |
| City Redding | State CA | ZIP Code 96001 |
| <input checked="" type="checkbox"/> Personal Funds of the Candidate | | |

| | | |
|-----------------------------------|------------------------------------|-------------------------------------------------------|
| Original Amount of Loan 655.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 655.00 |
|-----------------------------------|------------------------------------|-------------------------------------------------------|

| | | | | |
|--------------|---------------------------------------|---------------------------------------|----------------------------------|---------------------------------------------------------------------|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M M / D D / Y Y Y Y 03 / 04 / 2026 | M M / D D / Y Y Y Y 10 / 31 / 0005 | 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).....▶ | 655.00 |
| TOTALS This Period (last page in this line only).....▶ | |

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Paul Saulsbury for congress** Transaction ID : **SC/10.4118**

| | | |
|-----------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item | | Election: 2026 |
| Saulsbury, Paul, William, , | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1725 Oregon St | | |
| City Redding | State CA | ZIP Code 96001 |
| <input checked="" type="checkbox"/> Personal Funds of the Candidate | | |

| | | |
|-------------------------|----------------------------|---------------------------------------------|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 600.00 | 0.00 | 600.00 |

| | | | | |
|--------------|---------------------------------------|---------------------------------------|----------------------------------|---------------------------------------------------------------------|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M M / D D / Y Y Y Y 03 / 10 / 2026 | M M / D D / Y Y Y Y 10 / 31 / 0005 | 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).....▶ | 600.00 |
| TOTALS This Period (last page in this line only).....▶ | 8334.50 |

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