Only

STATEMENT OF

PAGE 1 / 8 =

FEC FORM 1		•	RGANIZ					Office	e Use O	nlv		
NAME OF COMMITTEE (ir	, full\	,	Check if name	Example: If typing over the lines.	ı, type	12FE	E4M5	-		<u>,</u>		
McCaul for			s changed) C	over the lines.								
ADDRESS (number a	nd street)	815-A Bra	azos St									
(Check if a is changed		PMB 230			1 1 1 1	1 1		1 1	1 1	1 1	ı	I
is changed	1)	Austin				TX		78701		1-1		
		Cl	TY 🛦			STATE	A		Z	IP CC	DDE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	SS										
(Check if a is changed		complia	nce@rightside	compliance.com								
		Optional	Second E-Mail Ac	ddress								
		www.mcc	aulforcongress.com	n 								
2. DATE 0			Y Y Y 2021									
3. FEC IDENTIFIC	CATION NU	JMBER >	C	000392688								
4. IS THIS STATEM	MENT	NEW	(N) OR	x AMEND	ED (A)							
I certify that I have e	examined th	is Stateme	nt and to the bes	t of my knowledge ar	d belief it is	s true, o	correct	and co	omplete	€.		
Type or Print Name	of Treasure	Hobbs, (Cabell, , ,									
Signature of Treasure	er <i>Hobb.</i>	s, Cabell, , ,		[Electronically	Filed]	Date	M N 02		24	/ Y	202	
NOTE: Submission of	false, errone			may subject the perso				the pe	nalties	of 2 L	J.S.C.	 §437g.
Office Use				For further in Federal Electic Toll Free 800-4	n Commission				EC F			

Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009) Page 2
		COMMITTEE
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Nam Can	e of didate	McCaul, Michael, , ,
	didate y Affiliatio	on REP Office Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	e of didate	
Par	ty Con	nmittee: (National, State (Democratic,
(d)		This committee is a or subordinate) committee of the Republican, etc.) Part
Poli	itical A	action Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name		r age c
McCaul for Cor		
	Organization, Affiliated Committee, Joint Fundraising Representative	. or Leadership PAC Sponsor
-		, o. 2000p : 110 opened.
Team McCaul Texas	/ictory	
Mailing Address	1005 Congress Ave Ste 400	
	Austin	78701
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Represent	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ntify by name, address (phone number optional) and position of the p	person in possession of committee
Hobbs, Ca	ıbell, , ,	
Mailing Address	1005 Congress Ave	
Mailing / Maross	Ste 400	
	Austin	78701
Title or Position	CITY STATE	ZIP CODE
Treasurer		
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name Hobbs, Ca	bell, , ,	1 1 1 1 1 1 1 1 1 1
Mailing Address	1005 Congress Ave	
	Ste 400	
	Austin	78701
T01	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	

FEC Forn		
Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIP (CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, [
Name of Bank, [Depository, etc.	
	Depository, etc. Plains Capital Bank	
Name of Bank, [Plains Capital Bank 919 Congress Avenue	
Name of Bank, [Plains Capital Bank 919 Congress Avenue Suite 100 Austin TX 78701	
Name of Bank, [Plains Capital Bank 919 Congress Avenue Suite 100 Austin TX 78701	CODE
Name of Bank, [Plains Capital Bank 919 Congress Avenue Suite 100 Austin TX 78701	CODE
Name of Bank, [Mailing Address Name of Bank, [Plains Capital Bank 919 Congress Avenue Suite 100 Austin CITY STATE ZIP	CODE
Name of Bank, [Plains Capital Bank 919 Congress Avenue Suite 100 Austin CITY STATE ZIP Depository, etc.	CODE
Name of Bank, [Mailing Address Name of Bank, [Plains Capital Bank 919 Congress Avenue Suite 100 Austin CITY STATE ZIP Depository, etc.	CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraisi	1	FEC ID number	
1.		FEC ID number	
2.			C
3.		FEC ID number	C
4.		FEC ID number	C
	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
TAKE BACK THE	E HOUSE TEXAS 2020		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Join Join fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, BB&T	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite of the deposite boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spon
TAKE BACK THE	HOUSE 2020		
	PO BOX 30844		
Mailing Address	FO BOX 30044		
	BETHESDA	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization	pint Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A		
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY ▲ ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fiety deposit boxes or mail	CITY ▲ ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material deposit boxes or material deposit boxes.	CITY ▲ ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material deposit boxes or material deposit boxes are material deposited.	CITY ▲ ries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or material depositions are of Bank, epository, etc.	CITY ▲ ries: List all banks or other depositories in which aintains funds. I One Bank	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detay deposit boxes or material deposit boxes or material depository, etc.	CITY ▲ ries: List all banks or other depositories in which aintains funds. I One Bank	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 341027		
	AUSTIN	TX	78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (phone number - optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name _ _ _ Mailing Address	CITY A	STATE Telephone Number	ZIP CODE A
Full Name _ _ Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	CITY A cries: List all banks or other depositories in which	Telephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi		EEO ID	C
1.		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
TAKE BACK THE	E HOUSE 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
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esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A