

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
MCCAUL FOR CONGRESS, INC

ADDRESS (number and street) 5127 Nebraska Avenue NW  
 Check if different than previously reported. (ACC)  
Washington DC 20008

2. **FEC IDENTIFICATION NUMBER** C00392688  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
DC 10

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on in the State of  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of TX

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Kaye T. Goolsby

Signature of Treasurer Electronically Filed by Kaye T. Goolsby Date 12 22 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

MCCAUL FOR CONGRESS, INC

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	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)).....	95542.07	1130731.91
(b) Total Contribution Refunds (from Line 20(d)).....	900.00	30200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94642.07	1100531.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	164777.58	727491.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	19791.46	25987.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	144986.12	701504.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	71256.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	191237.77	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
. If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name
MCCAUL FOR CONGRESS,INC

Report Covering the Period: From: 10 19 2006 To: 11 27 2006

I. RECEIPTS

Table with 3 columns: COLUMN A Total this Period, COLUMN B Election Cycle Total as of, COLUMN C Total for. Rows include 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A), (ii) Unitemized, (iii) Total of contributions from individuals; (b) Political Party Committees; (c) Other Political Committees.

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate  0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))  95542.07	1130731.91	10000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate  0.00	0.00	0.00
(b). All Other Loans  0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))  0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)  19791.46	25987.17	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)  0.00	1568.85	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)  115333.53	1158287.93	10000.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

MCCAUL FOR CONGRESS, INC

Report the covering period

From:

MM 10

DD 19

YYYY 2006

To:

MM 11

DD 27

YYYY 2006

**II. DISBURSEMENTS**

<b>COLUMN A</b> Total this period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
164777.58	727491.42	27905.48
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
200000.00	110000.00	200000.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
200000.00	110000.00	200000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
900.00	22700.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	7500.00	0.00
------	---------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

900.00	30200.00	0.00
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21. OTHER DISBURSEMENTS

0.00	13090.00	0.00
------	----------	------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

365677.58	880781.42	227905.48
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

94642.07	1100531.91	10000.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

144986.12	701504.25	27905.48
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	321600.57
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	115333.53
25. SUBTOTAL(add Line 23 and Line 24) .....	436934.10
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	365677.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	71256.52

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Allen Boone Humphries Robinson, LLP

Mailing Address 3200 SW Freeway  
Suite 2600

City Houston State TX Zip Code 77027

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12325

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Biar

Mailing Address One Riverway

City Houston State TX Zip Code 77056

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

Name of Employer Strategic Public Affairs, Inc. Occupation Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.12493

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Richard L. Bischoff

Mailing Address 3909 Del Monte Drive

City Houston State TX Zip Code 77109

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

Name of Employer BSL Golf Corp. Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.12731

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Lilla Blackburn</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 3239 Del Monte		Transaction ID: SA11A1.12593
City State Zip Code Houston TX 77019	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	In-kind - Wine for Event <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Occupation Homemaker	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas R. Blackburn</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 999		Transaction ID: SA11A1.12322
City State Zip Code Brookshire TX 77423	Amount of Each Receipt this Period 1800.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Thomas Instruments Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4300.00		

Full Name (Last, First, Middle Initial) <b>C. Paul Michael Brown</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 350 9th St. SE Apt. 32		Transaction ID: SA11A1.12723
City State Zip Code Washington DC 20003-2168	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Jay Brummett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 7604 Fireoak Drive		<b>Transaction ID:</b> SA11A1.12598	
City Austin State TX Zip Code 78759	Amount of Each Receipt this Period 703.54		
FEC ID number of contributing federal political committee. <b>C</b>	In-kind - Food and Beverages for Event <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self Occupation Realtor	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3153.54		

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Sharon Brummett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 7604 Fireoak Dr.		<b>Transaction ID:</b> SA11A1.12600	
City Austin State TX Zip Code 78759	Amount of Each Receipt this Period 703.53		
FEC ID number of contributing federal political committee. <b>C</b>	In-kind - Food and Beverages for Event <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self Occupation Realtor	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1203.53		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Edwin R. Buster, III		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 6709 Bridgehill Cove		<b>Transaction ID:</b> SA11A1.12664	
City Austin State TX Zip Code 78746	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Capital Neurosurgeons Occupation Neurosurgeon	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1907.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Doyle G. Callender

Mailing Address 906 Carnation

City State Zip Code  
Katy TX 77493

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

Name of Employer Self Occupation Business Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.12698

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Joe E. Capps

Mailing Address 9121 North Plaza 912

City State Zip Code  
Austin TX 76753

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.12703

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Tanja Chevalier

Mailing Address 1716 W Winona

City State Zip Code  
Chicago IL 60640

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

Name of Employer Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.12513

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A.</b> Rudy R. Colmenero		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 10201 Stellar Cove		Transaction ID: SA11A1.12548
City Austin State TX Zip Code 78739	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mitchell, Colmenero & Lipshy	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John R. Colson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1360 Post Oak Blvd.		Transaction ID: SA11A1.12333
City Houston State TX Zip Code 77056	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Quanta Services	Occupation CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John Constantine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1506 Hartford		Transaction ID: SA11A1.12572
City Austin State TX Zip Code 78703	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer (Information Requested)	Occupation (Information Requested)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles Cox

Mailing Address 1082 Private Rd.

City State Zip Code  
Giddings TX 78942

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12566

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sada Cumber

Mailing Address 1713 Bay Hill

City State Zip Code  
Austin TX 78746

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

Name of Employer Occupation  
Sozo Tek, Inc. Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12479

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kathryn M. Drew

Mailing Address 900 N. Weston Lane

City State Zip Code  
Austin TX 78733

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

Name of Employer (Information Requested) Occupation (Information Requested)

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.12592

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Everard Droemer

Mailing Address 1264 County Road 208

City State Zip Code  
Giddings TX 78942

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

Name of Employer Occupation  
Self Employed Irrigation Consultant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12561

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert M. Dunson, Jr.

Mailing Address 9214 Horse Cave Circle

City State Zip Code  
Spring TX 77379

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12554

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Durrenberger

Mailing Address 1400 New Years Creek Lane

City State Zip Code  
Brenham TX 77833

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

Name of Employer Occupation  
Mike Hopkins Dist. Co. Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12661

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Steven J. Finkelman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 5303 Braesheather Dr.		Transaction ID: SA11A1.12680
City State Zip Code Houston TX 77096-4109	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Scope Imports Inc. Occupation CEO/Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> William H. Flores		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 25 Beacon Hill		Transaction ID: SA11A1.12498
City State Zip Code Sugar Land TX 77479	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gryphon Exploratio Co. Occupation CFO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Morris E. Foster		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 2180		Transaction ID: SA11A1.12323
City State Zip Code Houston TX 77252	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Exxon Mobil Production Co. Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) Ed Fowler Mailing Address 1416 CR 139 City Giddings State TX Zip Code 78942 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.12737 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Eyeball Drywall Occupation Owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ron Henriksen Mailing Address 8831 Stable Lane City Houston State TX Zip Code 77024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.12340 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Houston Executive Airport Occupation Chairman Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ron Henriksen Mailing Address 8831 Stable Lane City Houston State TX Zip Code 77024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.12523 Amount of Each Receipt this Period 1100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Houston Executive Airport Occupation Chairman Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Ron Henriksen

Mailing Address 8831 Stable Lane

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
Houston Executive Airport Chairman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

-1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 6

**Transaction ID:** SA11A1.12830

Amount of Each Receipt this Period  
-1000.00

Reattribute:  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sheri Henriksen

Mailing Address 8831 Stable Lane

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
Self Investor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

**Transaction ID:** SA11A1.12803

Amount of Each Receipt this Period  
1100.00

Reattribute:  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sheri Henriksen

Mailing Address 8831 Stable Lane

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
Self Investor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 6

**Transaction ID:** SA11A1.12831

Amount of Each Receipt this Period  
1000.00

Reattribute:  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) Henson-Ford		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 1800 Bering Drive Suite 501		<b>Transaction ID:</b> SA11A1.12302	
City Houston State TX Zip Code 77057	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Hust		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 5306 Braesheather Drive		<b>Transaction ID:</b> SA11A1.12696	
City Houston State TX Zip Code 77096	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Lowell A. Keig		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 5103 Ridgemoor		<b>Transaction ID:</b> SA11A1.12311	
City Austin State TX Zip Code 78731	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Attorney General Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 2100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
William E. King

Mailing Address 121 N Post Oak Lane  
Apt. 401

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.12729

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Carla Knobloch

Mailing Address 101 Westscott, Apt. 1201

City State Zip Code  
Houston TX 77007

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

Name of Employer Occupation  
West Hill Investors Investment Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.12699

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Gregory M. Kronberg

Mailing Address 2205 Island Wood Road

City State Zip Code  
Austin TX 78733

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

Name of Employer Occupation  
Capitol Anesthesiology As-soc. Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.12672

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A.</b> R. Bruce LaBoon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 600 Travis Ste. 3500		Transaction ID: SA11A1.12542
City Houston State TX Zip Code 77002	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Locke Liddell	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Bill Landiss		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1051 Whispering Oaks		Transaction ID: SA11A1.12562
City Giddings State TX Zip Code 78942	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer First National Bank	Occupation CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> L.A. Lieder		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address PO Box 267		Transaction ID: SA11A1.12314
City Cypress State TX Zip Code 77410	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
L.A. Lieder

Mailing Address PO Box 267

City State Zip Code  
Cypress TX 77410

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2900.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2006

Transaction ID: SA11A1.12848

Amount of Each Receipt this Period  
-2100.00

Presumptive Reattribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mildred Lieder

Mailing Address P.O. Box 267

City State Zip Code  
Cypress TX 77410-0267

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

Name of Employer (Information Requested) Occupation (Information Requested)

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2006

Transaction ID: SA11A1.12849

Amount of Each Receipt this Period  
2100.00

Presumptive Reattribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John H. Lindsey

Mailing Address 2001 Kirby Dr. Suite 1100

City State Zip Code  
Houston TX 77019

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

Name of Employer Self Employed Occupation  
Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2006

Transaction ID: SA11A1.12589

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Karen Luecke

Mailing Address 521 Edgewood

City State Zip Code  
Giddings TX 78942

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12563

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Alexander W. Maass

Mailing Address 822 St. Francis Lane

City State Zip Code  
Houston TX 77079

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

Name of Employer Occupation  
Maass Flange Corp Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12326

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David Marold

Mailing Address 701 N Post Oak Road Ste. 304

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12331

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Joe Mattei

Mailing Address 72 Sugarberry Circle

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
EEM Enterprises, Inc. Financial Planner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.12588

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kimberly A. Morgan

Mailing Address PO Box 1006

City State Zip Code  
Giddings TX 78942

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12481

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Rahul K. Nath

Mailing Address 3754 Carlon Street

City State Zip Code  
Houston TX 77005

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

Name of Employer Occupation  
Texas Nerve & Paralysis Inst. Director

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12835

Amount of Each Receipt this Period  
2100.00

Reattribute:  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A.</b> Usha Nath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 3754 Carlon Street		Transaction ID: SA11A1.12442
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 4200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>	
Name of Employer Occupation Occupation Homemaker	Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Usha Nath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 3754 Carlon Street		Transaction ID: SA11A1.12834
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period -2100.00	
FEC ID number of contributing federal political committee. C	Reattribute: <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Occupation Homemaker	Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
2100.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Walter Negley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 3359 Chevy Chase		Transaction ID: SA11A1.12320
City State Zip Code Houston TX 77019	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Texas Screw Products President	Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	-1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Mr. R.J. Nitsche

Mailing Address 143 E. Austin

City State Zip Code  
Giddings TX 78942

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

Name of Employer Occupation  
Insurance Network of Texas CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.12568

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Alvin L. Novosad

Mailing Address 4201 Wonderhill Road

City State Zip Code  
Chappell Hill TX 77426

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

Name of Employer Occupation  
Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.12719

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kay Onstead

Mailing Address 600 Travis Suite 6475

City State Zip Code  
Austin TX 77002

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

Name of Employer Occupation  
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.12693

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Lee A. Orgeron</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address PO Box 785		Transaction ID: SA11A1.12673	
City State Zip Code Golden Meadow LA 70357	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Montco Offshore Inc. President	Election Cycle-to-Date 1500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Mr. Russell Parker</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address P.O. Box 163265		Transaction ID: SA11A1.12586	
City State Zip Code Austin TX 78716	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Occupation	Election Cycle-to-Date 300.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. S. Mark Powell</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 2900 Tarry Trail		Transaction ID: SA11A1.12549	
City State Zip Code Austin TX 78703	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Atlantic Trust Investor	Election Cycle-to-Date 1500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Michael C. Riddle</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 4201 FM 1960 W Ste. 550		Transaction ID: SA11A1.12505	
City Houston State TX Zip Code 77068	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Mr. Robyn Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1001 County Road #230		Transaction ID: SA11A1.12558	
City Giddings State TX Zip Code 78942	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Employed Occupation Pipeline Construction Worker	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Stephen J. Rohleder</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 7829 Escala Dr.		Transaction ID: SA11A1.12742	
City Austin State TX Zip Code 78735	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Accenture Occupation COO	Election Cycle-to-Date 2000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Clive Runnells

Mailing Address P.O. Box 22738

City State Zip Code  
Houston TX 77227-2738

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

Name of Employer Occupation  
Self Employed Investor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.12694

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Verdene B. Ryder

Mailing Address 6 Doe Run

City State Zip Code  
The Woodlands TX 77980

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

Name of Employer Occupation  
Ryder Co. Author-Corp. Secretary

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.12700

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John J. Scales

Mailing Address 2810 West Lane Drive C

City State Zip Code  
Houston TX 77027

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.12681

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Allan Shivers, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 2905 San Gabriel St. Suite 213		Transaction ID: SA11A1.12510
City Austin State TX Zip Code 78705	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Shivers Group Occupation Investor	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mrs. Charlotte Smith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO. Box 33		Transaction ID: SA11A1.12709
City Brenham State TX Zip Code 77834	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lee Anderson Company Occupation Executive	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Forrest Stewart		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 661		Transaction ID: SA11A1.12559
City Giddings State TX Zip Code 78942	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed Occupation Attorney	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. George W. Strake, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 712 Main Street Suite 3300		Transaction ID: SA11A1.12692
City Houston State TX Zip Code 77002	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Business Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Venus F. Strawn</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 15903 Solell Ct.		Transaction ID: SA11A1.12497
City Austin State TX Zip Code 78734	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Strawn Arnold & Leech Occupation Administrative Assistant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. David M. Underwood</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 909 Fanin Suite 1640		Transaction ID: SA11A1.12676
City Houston State TX Zip Code 77010	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Everen Securities Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Peter S. Wareing</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 3355 West Alabama Suite 630		Transaction ID: SA11A1.12678
City Houston State TX Zip Code 77098	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Wareing Athern & Co. Occupation President	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Sharon Watkins</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 5406 Balcones Drive		Transaction ID: SA11A1.12596
City Austin State TX Zip Code 78731	Amount of Each Receipt this Period 720.00	
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - Catering for Event <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Chez Zee American Bistro Occupation Owner	Election Cycle-to-Date 1220.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Haden Watson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 7901 Bee Caves Rd. #18		Transaction ID: SA11A1.12714
City Austin State TX Zip Code 78746	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1470.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Lyman Webb</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 231 W. Fair Oaks		<b>Transaction ID: SA11A1.12710</b>	
City State Zip Code San Antonio TX 78209		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Marshall-Webb Co.	Occupation Ice Machine Distributor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B. John D. White</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 10001 Woodloch Forest Dr., Ste. 350		<b>Transaction ID: SA11A1.12736</b>	
City State Zip Code Woodlands TX 77380		Amount of Each Receipt this Period 4200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jones Walker	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs. George Willeford</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 3107 Pleasant Run Place		<b>Transaction ID: SA11A1.12717</b>	
City State Zip Code Austin TX 78703		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Barbara Wills</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address PO Box 14881		Transaction ID: SA11A1.12496	
City Austin	State TX	Zip Code 78761	Amount of Each Receipt this Period 1100.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wills Cookie Stores	Occupation Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2100.00			

Full Name (Last, First, Middle Initial) <b>B. Jimmy M. Wills</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address PO Box 14881		Transaction ID: SA11A1.12495	
City Austin	State TX	Zip Code 78761	Amount of Each Receipt this Period 1400.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wills Cookie Stores Ltd.	Occupation Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1500.00			

Full Name (Last, First, Middle Initial) <b>C. Welcome W. Wilson, Sr.</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 5858 Westheimer Suite 800		Transaction ID: SA11A1.12686	
City Houston	State TX	Zip Code 77057	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer GSL Industrial Partners LP	Occupation Chairman	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Pete Winstead</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 79 Pascal Ln.		Transaction ID: SA11A1.12662	
City Austin State TX Zip Code 78746	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Winstead Sechrest & Minick PC Occupation Attorney	Election Cycle-to-Date 2000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Richard Marvin Womack</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 4305 Waterford Place		Transaction ID: SA11A1.12310	
City Austin State TX Zip Code 78731	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired	Election Cycle-to-Date 2500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Ronald G. Woods</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2159 Looscan Lane		Transaction ID: SA11A1.12701	
City Houston State TX Zip Code 77019	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Steven E. Zinn

Mailing Address 20 Nob Hill Circle

City State Zip Code  
Austin TX 78746

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

Name of Employer Capital Anesthesiology Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12550

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Susan Zinn

Mailing Address 20 Nob Hill Circle

City State Zip Code  
Austin TX 78746

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

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.12551

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	56727.07

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 87
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1120 Connecticut Avenue NW		<b>Transaction ID: SA11C.12695</b>
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00004275</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00	

Full Name (Last, First, Middle Initial) <b>B. American Medical Association Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 1101 Vermont Avenue NW 12th Floor		<b>Transaction ID: SA11C.12530</b>
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00000422</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. American Society of Anesthesiologists Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 520 N. Northwest Highway		<b>Transaction ID: SA11C.12529</b>
City Park Ridge State IL Zip Code 60068	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C C00255752</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 87
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. ASSOCIATED BUILDERS AND CONTRACTORS PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 4250 North Fairfax Drive 9th Floor		<b>Transaction ID:</b> SA11C.12524
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. <b>C</b> C00010421		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. BEEF-PAC (Beef Political Action Committee of Texas Cattle Feeders Association)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 5501 W I-40		<b>Transaction ID:</b> SA11C.12735
City Amarillo	State TX	Zip Code 79106
FEC ID number of contributing federal political committee. <b>C</b> C00015552		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 4101 Winfield Road - 106D Mail Code 5N		<b>Transaction ID:</b> SA11C.12540
City Warrenville	State IL	Zip Code 60555
FEC ID number of contributing federal political committee. <b>C</b> C00060103		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 87
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MCCAUL FOR CONGRESS, INC**

Full Name (Last, First, Middle Initial) <b>A. BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address <b>1201 15TH STREET NW</b>		<b>Transaction ID: SA11C.12725</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>
Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C C00000901</b>		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8000.00	

Full Name (Last, First, Middle Initial) <b>B. CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address <b>1680 Capital One Drive</b> <b>Attn: 19050-1204</b>		<b>Transaction ID: SA11C.12527</b>
City <b>McLean</b>	State <b>VA</b>	Zip Code <b>22102</b>
Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C C00326595</b>		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. COMPASS BANCSHARES INC POLITICAL ACTION COMMITTEE (COMPASS BANCPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address <b>POST OFFICE BOX 10566</b>		<b>Transaction ID: SA11C.12532</b>
City <b>BIRMINGHAM</b>	State <b>AL</b>	Zip Code <b>35296</b>
Amount of Each Receipt this Period 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C C00142596</b>		
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 87
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. CONTINENTAL AIRLINES INC EMPLOYEE FUND FOR A BETTER AMERICA (FKA CONTINENTAL</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1600 SMITH STREET SUITE HQSGV-18th FLOOR		Transaction ID: SA11C.12541
City HOUSTON      State TX      Zip Code 77002	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00101766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Dairy Farmers of America Inc. DEPAC (Dairy Educational Political Action Committee)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 10220 N. Ambassador Drive		Transaction ID: SA11C.12531
City Kansas City      State MO      Zip Code 64153	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00001388		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 3 BETHESDA METRO CENTER SUITE 1100		Transaction ID: SA11C.12512
City BETHESDA      State MD      Zip Code 20814	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00113811		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 87
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Gulf States Toyota Inc. Federal Political Action Committee

Mailing Address 109 N Post Oak Lane, Suite 600

City State Zip Code  
Houston TX 77024

FEC ID number of contributing federal political committee. **C** C00349373

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

**Transaction ID:** SA11C.12685

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC.

Mailing Address 1501 K Street NW  
Suite 350

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

**Transaction ID:** SA11C.12336

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Locke Liddell & Sapp LLP PAC

Mailing Address 3400 Chase Tower  
600 Travis St.

City State Zip Code  
Houston TX 77002

FEC ID number of contributing federal political committee. **C** C00117861

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

**Transaction ID:** SA11C.12360

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 40 / 87  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL BAKER CORPORATION POLITICAL ACTION COMMITTEE (BAKER PAC)  
 Mailing Address 100 AIRSIDE DRIVE  
 City State Zip Code  
 MOON TOWNSHIP PA 15108  
 FEC ID number of contributing federal political committee. **C** C00403477  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 2 / 2 0 0 6  
**Transaction ID:** SA11C.12739  
 Amount of Each Receipt this Period  
 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCO PAC)  
 Mailing Address 1325 Massachusetts Ave. NW  
 City State Zip Code  
 Washington DC 20005  
 FEC ID number of contributing federal political committee. **C** C00238725  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6  
**Transaction ID:** SA11C.12317  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Apartment Association PAC (NAA PAC)  
 Mailing Address 201 N Union Street, Suite #200  
 City State Zip Code  
 Alexandria VA 22314  
 FEC ID number of contributing federal political committee. **C** C00113241  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6  
**Transaction ID:** SA11C.12321  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 87
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL LUMBER AND BUILDING MATERIAL DEALERS ASSN POLITICAL ACTION COMMITTEE (LUDAC)

Mailing Address 900 2nd Street NE Ste. 305

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00039214

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

**Transaction ID:** SA11C.12575

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
ROAD TO VICTORY POLITICAL ACTION COMMITTEE

Mailing Address 1306 Bellview Blvd. Unit A2

City Alexandria State VA Zip Code 22307

FEC ID number of contributing federal political committee. **C** C00385377

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 6

**Transaction ID:** SA11C.12483

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SCOOTER STORE PAC; THE

Mailing Address 1650 INDEPENDENCE DRIVE

City NEW BRAUNFELS State TX Zip Code 78132

FEC ID number of contributing federal political committee. **C** C00419937

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

**Transaction ID:** SA11C.12511

Amount of Each Receipt this Period  
4900.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 87
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Texas Farm Bureau Friends of Agriculture Fund (Agfund) Inc (Texas Farm Bureau Agfund)

Mailing Address 7420 FISH POND ROAD  
PO BOX 2689

City WACO State TX Zip Code 76702

FEC ID number of contributing federal political committee. **C** C00214981

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: SA11C.12741

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
THOMPSON AND KNIGHT FEDERAL PAC

Mailing Address 1700 PACIFIC AVENUE SUITE 3300

City DALLAS State TX Zip Code 75201

FEC ID number of contributing federal political committee. **C** C00411637

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12318

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Trinity Industries Political Action Committee (SF) Inc

Mailing Address 2525 Stemmons Freeway

City Dallas State TX Zip Code 75207

FEC ID number of contributing federal political committee. **C** C00268904

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12313

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 87
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
UST INC. EXECUTIVES ADMINISTRATORS AND MANAGERS POLITICAL ACTION COMMITTEE

Mailing Address 100 West Putnam Avenue

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11C.12508

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
WASTE MANAGEMENT EMPLOYEES BETTER GOVERNMENT FUND

Mailing Address 701 Pennsylvania Ave. NW  
Suite 590

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00119008

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C.12329

Amount of Each Receipt this Period  
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>36750.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 87
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Delisi Communications

Mailing Address 823 Congress Ave., Suite 1000B

City Austin State TX Zip Code 78701

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
14405.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 6

Transaction ID: SA14.12668

Amount of Each Receipt this Period  
14405.00

Offset to 10/31/06 Payment: \$35,643.89  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mike Gula & Associates, LLC

Mailing Address 700 12th Street NW Suite 700

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5386.46

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: SA14.12716

Amount of Each Receipt this Period  
5386.46

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	19791.46
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19791.46

**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 45 / 87

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Accurate Word LLC</b>		<b>Transaction ID:</b> SB17.12602 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 4481 White Plains Lane		<b>Amount of Each Disbursement this Period</b> 274.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City White Plains State MD Zip Code 20695		
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Action Mail Service</b>		<b>Transaction ID:</b> SB17.12638 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 5201 Mitchelldale #B10		<b>Amount of Each Disbursement this Period</b> 432.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77092		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Aggressive Advertising</b>		<b>Transaction ID:</b> SB17.12760 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 11615 Elk Park Trail		<b>Amount of Each Disbursement this Period</b> 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78759		
Purpose of Disbursement Door Hangers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1456.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Ampro Productions</b>		<b>Transaction ID:</b> SB17.12612 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 7202 Smokey Hill Road		Amount of Each Disbursement this Period 2868.63
City Austin State TX Zip Code 78736	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Signs Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ampro Productions</b>		<b>Transaction ID:</b> SB17.12757 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 7202 Smokey Hill Road		Amount of Each Disbursement this Period 306.35
City Austin State TX Zip Code 78736	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing of Media Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Matthew R. Barr</b>		<b>Transaction ID:</b> SB17.12621 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1801 Warner Ranch #322		Amount of Each Disbursement this Period 461.75
City Round Rock State TX Zip Code 78664	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3636.73
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

<b>A. Lilla Blackburn</b> Full Name (Last, First, Middle Initial) Mailing Address 3239 Del Monte City Houston State TX Zip Code 77019 Purpose of Disbursement In-kind - Wine for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB17.12595</b> Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Brenham Banner Press</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 585 City Brenham State TX Zip Code 77834 Purpose of Disbursement Media-Print Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB17.12749</b> Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 295.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Brent Burns</b> Full Name (Last, First, Middle Initial) Mailing Address 5802 Lilac City Katy State TX Zip Code 77493 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB17.12655</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2095.64
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

<b>A. Mr. Jay Brummett</b> Full Name (Last, First, Middle Initial) Mailing Address 7604 Fireoak Drive City Austin State TX Zip Code 78759 Purpose of Disbursement In-kind - Food and Beverages for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB17.12599</b> Date of Disbursement 10 / 26 / 2006 Amount of Each Disbursement this Period 703.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

<b>B. Mrs. Sharon Brummett</b> Full Name (Last, First, Middle Initial) Mailing Address 7604 Fireoak Dr. City Austin State TX Zip Code 78759 Purpose of Disbursement In-kind - Food and Beverage for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB17.12601</b> Date of Disbursement 10 / 26 / 2006 Amount of Each Disbursement this Period 703.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Cingular Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 650574 City Dallas State TX Zip Code 75265-0574 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB17.12779</b> Date of Disbursement 11 / 17 / 2006 Amount of Each Disbursement this Period 501.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1909.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

**A.** Continental Airlines Mastercard

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094

Purpose of Disbursement Service Fees  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.12606

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

35.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**B.** Continental Airlines Mastercard

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094

Purpose of Disbursement Service Fees  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.12605

Date of Disbursement

10 / 09 / 2006

Amount of Each Disbursement this Period

39.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**C.** Continental Airlines Mastercard

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094

Purpose of Disbursement Credit Card Payment  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB17.12604

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

603.51

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

603.51

**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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines Mastercard</b>		<b>Transaction ID:</b> SB17.12780 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 2079.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094	Purpose of Disbursement Credit Card Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Ant Street Inn</b>		<b>Transaction ID:</b> SB17.12780.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 107 West Commerce St.		Amount of Each Disbursement this Period 395.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Brenham State TX Zip Code 77833	Purpose of Disbursement Lodging Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Diamond H Ranch</b>		<b>Transaction ID:</b> SB17.12780.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 5322 Highway 16 N		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Bandera State TX Zip Code 78003	Purpose of Disbursement Lodging for Event Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2079.17
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Serranos Cafe</b>		Transaction ID: SB17.12780.2 Date of Disbursement 10 / 18 / 2006	
Mailing Address 1111 Red River		Amount of Each Disbursement this Period 68.87	
City Austin State TX Zip Code 78701	Purpose of Disbursement Food and Beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Pizza Pro</b>		Transaction ID: SB17.12780.3 Date of Disbursement 10 / 30 / 2006	
Mailing Address 523 3rd Street		Amount of Each Disbursement this Period 123.76	
City Lexington State TX Zip Code 78947	Purpose of Disbursement Food and Beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan G. Komen Foundation of Austin</b>		Transaction ID: SB17.12780.4 Date of Disbursement 11 / 03 / 2006	
Mailing Address 828 West Sixth Street		Amount of Each Disbursement this Period 25.00	
City Austin State TX Zip Code 78766	Purpose of Disbursement Charitable Donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Continental Airlines Mastercard</b>		<b>Transaction ID:</b> SB17.12780.5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 247.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Palatine State IL Zip Code 60094		
Purpose of Disbursement Service Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nueces Canyon Co.</b>		<b>Transaction ID:</b> SB17.12780.6 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 9501 Highway 290 W		Amount of Each Disbursement this Period 18.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Burton State TX Zip Code 77835		
Purpose of Disbursement Meals Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Daemmrch Photography, Inc.</b>		<b>Transaction ID:</b> SB17.12609 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 914 Congress Avenue 2nd Floor		Amount of Each Disbursement this Period 1596.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Photography Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1596.69
<b>TOTAL</b> 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 53 / 87

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Daemmrch Photography, Inc.</b>		<b>Transaction ID:</b> SB17.12610 Date of Disbursement 10 / 19 / 2006
Mailing Address 914 Congress Avenue 2nd Floor		Amount of Each Disbursement this Period 541.25
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Photography Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Davis Lenz Media, Inc.</b>		<b>Transaction ID:</b> SB17.12636 Date of Disbursement 10 / 26 / 2006
Mailing Address 4233 Cedar Springs Road		Amount of Each Disbursement this Period 4028.00
City Dallas State TX Zip Code 75219	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Buy for Radio Ad	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jonathan M. Day</b>		<b>Transaction ID:</b> SB17.12619 Date of Disbursement 10 / 25 / 2006
Mailing Address 222 S Carolina Avenue, SE Apt. B		Amount of Each Disbursement this Period 810.58
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5379.83
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Stephanie Dehondt</b>		<b>Transaction ID:</b> SB17.12624 Date of Disbursement 10 / 25 / 2006	
Mailing Address 15306 Fairfield Falls Way		Amount of Each Disbursement this Period 837.25	
City Cypress State TX Zip Code 77433	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Delisi Communications</b>		<b>Transaction ID:</b> SB17.12654 Date of Disbursement 10 / 31 / 2006	
Mailing Address 823 Congress Ave., Suite 1000B		Amount of Each Disbursement this Period 35643.89	
City Austin State TX Zip Code 78701	Purpose of Disbursement Direct Mail Services Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Delisi Communications</b>		<b>Transaction ID:</b> SB17.12656 Date of Disbursement 10 / 31 / 2006	
Mailing Address 823 Congress Ave., Suite 1000B		Amount of Each Disbursement this Period 27223.55	
City Austin State TX Zip Code 78701	Purpose of Disbursement Direct Mail Services Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	63704.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Delisi Communications</b>		<b>Transaction ID:</b> SB17.12762 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 823 Congress Ave., Suite 1000B		Amount of Each Disbursement this Period 1500.00
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Direct Mail Consulting Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elgin Courier</b>		<b>Transaction ID:</b> SB17.12652 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 105 N Main		Amount of Each Disbursement this Period 239.25
City Elgin State TX Zip Code 78621	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media - Print Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Giddings Times News</b>		<b>Transaction ID:</b> SB17.12745 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 947		Amount of Each Disbursement this Period 245.10
City Giddings State TX Zip Code 78942	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media-Print Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1984.35
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Greg Hill</b>		<b>Transaction ID:</b> SB17.12616 Date of Disbursement 10 / 25 / 2006
Mailing Address 116 Chesterna		Amount of Each Disbursement this Period 873.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boerne State TX Zip Code 78006	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jack I. Hirschfield</b>		<b>Transaction ID:</b> SB17.12618 Date of Disbursement 10 / 25 / 2006
Mailing Address 8828 Silverarrow Circle		Amount of Each Disbursement this Period 446.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78759	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jack I. Hirschfield</b>		<b>Transaction ID:</b> SB17.12801 Date of Disbursement 11 / 27 / 2006
Mailing Address 8828 Silverarrow Circle		Amount of Each Disbursement this Period 321.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78759	Category/ Type	
Purpose of Disbursement Travel Reimbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1641.32
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. JHL Company</b>		<b>Transaction ID:</b> SB17.12838 Date of Disbursement 11 / 08 / 2006
Mailing Address PO Box 12275		Amount of Each Disbursement this Period 4192.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78711		
Purpose of Disbursement Compensation for Fundraising Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JHL Company</b>		<b>Transaction ID:</b> SB17.12839 Date of Disbursement 11 / 08 / 2006
Mailing Address PO Box 12275		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78711		
Purpose of Disbursement Compensation for Fundraising Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JHL Company</b>		<b>Transaction ID:</b> SB17.12840 Date of Disbursement 11 / 08 / 2006
Mailing Address PO Box 12275		Amount of Each Disbursement this Period 4155.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78711		
Purpose of Disbursement See Memo Text Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11348.10
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Katy Times</b>		<b>Transaction ID:</b> SB17.12748 <b>Date of Disbursement</b> MM / DD / YYYY 11 / 01 / 2006
Mailing Address PO Box 678		Amount of Each Disbursement this Period 285.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Katy State TX Zip Code 77493		
Purpose of Disbursement Media-Print Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Leedy Graphics</b>		<b>Transaction ID:</b> SB17.12640 <b>Date of Disbursement</b> MM / DD / YYYY 10 / 26 / 2006
Mailing Address 17101 Kuykendahl Rd. Suite 210		Amount of Each Disbursement this Period 1175.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77068		
Purpose of Disbursement Printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lexington Leader</b>		<b>Transaction ID:</b> SB17.12747 <b>Date of Disbursement</b> MM / DD / YYYY 11 / 01 / 2006
Mailing Address P.O. Box 547		Amount of Each Disbursement this Period 209.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington State TX Zip Code 78947		
Purpose of Disbursement Media-Print Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1669.60
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. MAXimum Compliance</b>		<b>Transaction ID:</b> SB17.12765 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 5127 Nebraska Avenue NW		Amount of Each Disbursement this Period 3079.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20008	Purpose of Disbursement FEC Compliance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Kara Mayer Mayfield</b>		<b>Transaction ID:</b> SB17.12620 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 18314 Waverly Bend Lane		Amount of Each Disbursement this Period 870.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cypress State TX Zip Code 77433	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Megan M. Schad</b>		<b>Transaction ID:</b> SB17.12623 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 2003 Glen Allen #106		Amount of Each Disbursement this Period 415.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78704	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4365.16
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Mike Gula &amp; Associates, LLC</b>		<b>Transaction ID:</b> SB17.12633 Date of Disbursement 10 / 25 / 2006
Mailing Address 700 12th Street NW Suite 700		Amount of Each Disbursement this Period 1271.24
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See Memo Text Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mike Gula &amp; Associates, LLC</b>		<b>Transaction ID:</b> SB17.12634 Date of Disbursement 10 / 25 / 2006
Mailing Address 700 12th Street NW Suite 700		Amount of Each Disbursement this Period 8843.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Compensation for Fundraising Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Victoria Miller</b>		<b>Transaction ID:</b> SB17.12625 Date of Disbursement 10 / 25 / 2006
Mailing Address 10000 North Lamar		Amount of Each Disbursement this Period 873.08
City Austin State TX Zip Code 78753	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10987.32
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Onramp Access</b>		<b>Transaction ID:</b> SB17.12611 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 3012 Montopolis Suite 300		Amount of Each Disbursement this Period 64.12
City Austin State TX Zip Code 78741	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Plains Capital Bank</b>		<b>Transaction ID:</b> SB17.12659 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 919 Congress, Suite 100		Amount of Each Disbursement this Period 349.65
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Plains Capital Bank</b>		<b>Transaction ID:</b> SB17.12635 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 919 Congress, Suite 100		Amount of Each Disbursement this Period 1.46
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	415.23
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Plains Capital Bank</b>		<b>Transaction ID:</b> SB17.12660 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 919 Congress, Suite 100		Amount of Each Disbursement this Period 211.70
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Plains Capital Bank</b>		<b>Transaction ID:</b> SB17.12645 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6
Mailing Address 919 Congress, Suite 100		Amount of Each Disbursement this Period 7.21
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Plains Capital Bank</b>		<b>Transaction ID:</b> SB17.12658 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 919 Congress, Suite 100		Amount of Each Disbursement this Period 10.00
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	228.91
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Plains Capital Bank</b>		<b>Transaction ID:</b> SB17.12754 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 919 Congress, Suite 100		Amount of Each Disbursement this Period 45.47
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Plains Capital Bank</b>		<b>Transaction ID:</b> SB17.12755 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 919 Congress, Suite 100		Amount of Each Disbursement this Period 1.00
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Plains Capital Bank</b>		<b>Transaction ID:</b> SB17.12758 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 919 Congress, Suite 100		Amount of Each Disbursement this Period 10.64
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	57.11
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Plains Capital Bank</b>		<b>Transaction ID:</b> SB17.12759 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 919 Congress, Suite 100		Amount of Each Disbursement this Period 10.00
City Austin State TX Zip Code 78701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Radio Shack</b>		<b>Transaction ID:</b> SB17.12607 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 717 D Street SE		Amount of Each Disbursement this Period 528.73
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BlackBerry's Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Sign Here</b>		<b>Transaction ID:</b> SB17.12800 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1719 Live Oak Unit K		Amount of Each Disbursement this Period 1750.00
City Houston State TX Zip Code 77003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Sign Removal Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1760.00
<b>TOTAL</b> 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 65 / 87

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy Printing</b>		<b>Transaction ID:</b> SB17.12756 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 800 Brazos, Suite 225		Amount of Each Disbursement this Period 246.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SmartVoice</b>		<b>Transaction ID:</b> SB17.12766 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address Department 1733		Amount of Each Disbursement this Period 890.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80291		
Purpose of Disbursement Telephone Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tele Town-Hall Services</b>		<b>Transaction ID:</b> SB17.12643 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 5101 MacArthur Boulevard NW Ste. 200		Amount of Each Disbursement this Period 2682.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016		
Purpose of Disbursement Telephone Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3819.82</b>
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Tele Town-Hall Services</b>		<b>Transaction ID:</b> SB17.12768 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 5101 MacArthur Boulevard NW Ste. 200		Amount of Each Disbursement this Period 4612.44
City Washington State DC Zip Code 20016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Sealy News</b>		<b>Transaction ID:</b> SB17.12743 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 480		Amount of Each Disbursement this Period 234.00
City Sealy State TX Zip Code 77474	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media-Print Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Times Tribune</b>		<b>Transaction ID:</b> SB17.12651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 921 Cooper Street		Amount of Each Disbursement this Period 209.00
City Brookshire State TX Zip Code 77423	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media - Print Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5055.44
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		<b>Transaction ID:</b> SB17.12646 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 8225 Cross Park Drive		Amount of Each Disbursement this Period 28049.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78710		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		<b>Transaction ID:</b> SB17.12751 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 111 E 17th Street		Amount of Each Disbursement this Period 266.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78711		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. USPS Store</b>		<b>Transaction ID:</b> SB17.12632 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 510 Guadalupe Street		Amount of Each Disbursement this Period 437.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78701		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	28753.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. US Treasury</b>		<b>Transaction ID:</b> SB17.12627 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1500 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 1376.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Bobby Vera</b>		<b>Transaction ID:</b> SB17.12613 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 6574		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78683	Purpose of Disbursement Campaign Sign Delivery Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Walden &amp; Associates</b>		<b>Transaction ID:</b> SB17.12641 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 55 Waugh Drive, Suite 610		Amount of Each Disbursement this Period 5912.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77007	Purpose of Disbursement Compensation for Fundraising Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7438.53
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Walden &amp; Associates</b>		<b>Transaction ID:</b> SB17.12642 Date of Disbursement 10 / 26 / 2006
Mailing Address 55 Waugh Drive, Suite 610		Amount of Each Disbursement this Period 608.80
City Houston State TX Zip Code 77007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See Memo Text	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sharon Watkins</b>		<b>Transaction ID:</b> SB17.12597 Date of Disbursement 10 / 23 / 2006
Mailing Address 5406 Balcones Drive		Amount of Each Disbursement this Period 720.00
City Austin State TX Zip Code 78731	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Catering for Event	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mary Elen Williams</b>		<b>Transaction ID:</b> SB17.12774 Date of Disbursement 11 / 15 / 2006
Mailing Address 3203 Riva Ridge Road		Amount of Each Disbursement this Period 207.20
City Austin State TX Zip Code 78746	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1536.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>163522.23</b>

**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)

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

<b>A. Michael McCaul</b> Full Name (Last, First, Middle Initial) Mailing Address 2004 San Miguel City Austin State TX Zip Code 78746-2017 Purpose of Disbursement Loan Repayment Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB19A.12776</b> Date of Disbursement 11 / 15 / 2006 Amount of Each Disbursement this Period 105000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Michael McCaul</b> Full Name (Last, First, Middle Initial) Mailing Address 2004 San Miguel City Austin State TX Zip Code 78746-2017 Purpose of Disbursement Loan Repayment Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB19A.12777</b> Date of Disbursement 11 / 15 / 2006 Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Michael McCaul</b> Full Name (Last, First, Middle Initial) Mailing Address 2004 San Miguel City Austin State TX Zip Code 78746-2017 Purpose of Disbursement Loan Repayment Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB19A.12778</b> Date of Disbursement 11 / 15 / 2006 Amount of Each Disbursement this Period 65000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	200000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	200000.00

**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 71 / 87

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

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NAME OF COMMITTEE (In Full)  
MCCAUL FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)  
L.A. Lieder

Mailing Address PO Box 267

City Cypress State TX Zip Code 77410

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB20A.12753  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		0	2		2	0	0	6

Amount of Each Disbursement this Period

800.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

800.00

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

800.00

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 72 / 87
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**MCCAUL FOR CONGRESS, INC**

**Transaction ID: SC/10.5295**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Michael McCaul	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2004 San Miguel	
City Austin State TX ZIP Code 78746-2017	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
330000.00	250000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 2 3 Y Y Y Y 2 0 0 4	04/13/2005	Floating % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial) Line of Credit	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 73 / 87
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**MCCAUL FOR CONGRESS, INC**

**Transaction ID: SC/10.6340**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Michael McCaul	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff
Mailing Address 2004 San Miguel	
City Austin State TX ZIP Code 78746-2017	

Original Amount of Loan 100000.00	Cumulative Payment To Date 30000.00	Balance Outstanding at Close of This Period 0.00
--------------------------------------	--	---

**TERMS**

Date Incurred M M 04 D D 02 Y Y Y Y 2004	Date Due 4/13/05	Interest Rate Floating % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---------------------	-----------------------------------	---

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

Full Name (Last, First, Middle Initial) Line of Credit	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 74 / 87
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 MCCAUL FOR CONGRESS, INC

**Transaction ID: SC/10.7500**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Michael McCaul	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 2004 San Miguel	Runoff
City Austin State TX ZIP Code 78746-2017	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
220000.00	65000.00	155000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 7 Y Y Y Y 2 0 0 4	4/13/05	Floating % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial) Line of Credit	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	155000.00
<b>TOTALS</b> This Period (last page in this line only) .....	155000.00

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

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 MCCAUL FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor American Event Consulting	Nature of Debt (Purpose): Compensation for Fundraising Services
Mailing Address c/o Rob Jennings 3000 K St. NW #125	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.12843</b>	
Amount Incurred This Period 12000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12000.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Continental Airlines Mastercard	Nature of Debt (Purpose): Credit Card Bill
Mailing Address PO Box 94014	
City State ZIP Code Palatine IL 60094	

Outstanding Balance Beginning This Period 603.51	<b>Transaction ID: SD10.12473</b>	
Amount Incurred This Period 0.00	Payment This Period 603.51	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Daemmrch Photography, Inc.	Nature of Debt (Purpose): Photography Services
Mailing Address 914 Congress Avenue 2nd Floor	
City State ZIP Code Austin TX 78701	

Outstanding Balance Beginning This Period 2137.94	<b>Transaction ID: SD10.12281</b>	
Amount Incurred This Period 0.00	Payment This Period 2137.94	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>12000.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 MCCAUL FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor JHL Company	Nature of Debt (Purpose): Compensation for Fundraising Services
Mailing Address PO Box 12275	
City State ZIP Code Austin TX 78711	

Outstanding Balance Beginning This Period 4192.43	<b>Transaction ID: SD10.10925</b>	
Amount Incurred This Period 21637.65	Payment This Period 4192.43	Outstanding Balance at Close of This Period 21637.65

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Millan & Co. P.C.	Nature of Debt (Purpose): Accounting Fees
Mailing Address 823 Congress Avenue Suite 707	
City State ZIP Code Austin TX 78701	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.12844</b>	
Amount Incurred This Period 2600.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 2600.12

1) <b>SUBTOTALS</b> This Period This Page (optional).....	24237.77
2) <b>TOTALS</b> This Period (last page this line number only).....	36237.77
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Form/Schedule: **F3A**

Transaction ID:

The McCaul for Congress committee filed a 48 Hour notice on 10/30/06 (FEC ID-254661). The notice reported a \$2200 contribution from Ron Henriksen. It turns out that Mr. Henriksen and his wife Sheri had intended for this to be a joint contribution. Unfortunately, we did not receive notification about their intention until after the notice was filed. Our FEC Report will reflect a joint contribution from this couple: \$1100 from Ron Henriksen and \$1100 from Sheri Henriksen. The FECfile software does not permit the user to use the 'transaction split' function on a debt payment. We have manually entered memo entries that refer back to the \$60-3.51 payment to Continental Airlines Mastercard on 10/19/06 (please see additional memo text).

Form/Schedule: **SA11A1**

We are waiting for the partnership to submit us the names of the partner(s) that will be participating in this contribution.

Transaction ID: **SA11A1.12323**

**Image# 26930752932**

Form/Schedule: **SA11A1** We are seeking corrective action.

Transaction ID: **SA11A1.12322**

Form/Schedule: **SA11A1** We are seeking corrective action.

Transaction ID: **SA11A1.12598**

\*\*\*\*\*

Image# 26930752933

Form/Schedule: SA11A1 This man's aggregate for the 2006 election cycle is \$2100 after the reattribution. The reattribution took place after the date of the 2006 general election and the software is not showing the aggregate properly. A copy of the reattribution letter will be provided via certified mail.  
Transaction ID: SA11A1.12830

Form/Schedule: SA11A1 This woman's aggregate for the 2006 election cycle is \$2100 after the reattribution. The reattribution took place after the date of the 2006 general election and the software is not showing the aggregate properly.  
Transaction ID: SA11A1.12831

\*\*\*\*\*

Image# 26930752934

Form/Schedule: SA11A1 We are waiting for the partnership to submit us the names of the partner(s) that will be participating in this contribution.  
Transaction ID: SA11A1.12302

Form/Schedule: SA11A1 A copy of the presumptive reattribution letter will be provided via certified mail. We also refunded \$800 during the reporting period.  
Transaction ID: SA11A1.12314

\*\*\*\*\*



**Image# 26930752935**

Form/Schedule: **SA11A1** A copy of the presumptive reattribution letter will be provided via certified mail.

Transaction ID: **SA11A1.12848**

Form/Schedule: **SA11A1** We are seeking corrective action.

Transaction ID: **SA11A1.12320**

\*\*\*\*\*

Image# 26930752936

Form/Schedule: **SA11A1** A presumptive reattribution was performed on 12/7/06. A copy of the letter will be provided via certified mail.  
Transaction ID: **SA11A1.12736**

Form/Schedule: **SA11C** This PAC has filed a Form 1M and the document indicates that the PAC has met the requirements for multi-candidate status. The FEC's website is not reflecting their multi-candidate status for some reason. We accepted their contribution based on their Form 1M.  
Transaction ID: **SA11C.12511**

\*\*\*\*\*

**Image# 26930752937**

Form/Schedule: **SA11C**      The date has been corrected due to an administrative error. The date of receipt is 11/7/06.  
Transaction ID: **SA11C.12741**

Form/Schedule: **SA14**      McCaul for Congress made a payment to Mike Gula & Associates on 7/28/06 for \$5,386.46. We have been informed  
Transaction ID: **SA14.12716** that the payment should not have been made. Mike Gula & Associates has refunded our payment.

\*\*\*\*\*

**Image# 26930752938**

Form/Schedule: **SB17** See credit card payment: Continental Airlines Mastercard, \$603.51, 10/19/06.

Transaction ID: **SB17.12606**

Form/Schedule: **SB17** See credit card payment: Continental Airlines Mastercard, \$603.51, 10/19/06.

Transaction ID: **SB17.12605**

\*\*\*\*\*

**Image# 26930752939**

Form/Schedule: **SB17**      No additional itemization required  
Transaction ID: **SB17.12801**

Form/Schedule: **SB17**      Fundraising Consultant Expense Reimbursement  
Transaction ID: **SB17.12840**

\*\*\*\*\*

**Image# 26930752940**

Form/Schedule: **SB17** Fundraising Consultant Expense Reimbursement  
Transaction ID: **SB17.12633**

Form/Schedule: **SB17** See credit card payment: Continental Airlines Mastercard, \$603.51, 10/19/06.  
Transaction ID: **SB17.12607**

\*\*\*\*\*

**Image# 26930752941**

Form/Schedule: **SB17** Fundraising Consultant Expense Reimbursement

Transaction ID: **SB17.12642**

Form/Schedule: **SB17** No additional itemization required

Transaction ID: **SB17.12774**

\*\*\*\*\*