CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

RIGINAL PERIOD Month Day Year 07/03/2023 THROUGH CPLANATION OF CORRECTION advertently omitted "in kind" donation. Added Schedule A2 listing the same statement of the same stat	MI ELECTRONIC 02/03/2024 SUFFIX Date Hand-delivered Tother (specify) fied reporting limit ampaign treasurer ficeholder only) tach C/OH-FR) Month Day Year Date Imaged H 12/31/2023	d or Date Postmarked Amount
Mr. Michael A. NICKNAME LAST McCauley RIGINAL PORT TYPE RIGINAL PERIOD DVERED Month Day Year 07/03/2023 THROUGH Advertently omitted "in kind" donation. Added Schedule A2 listing the area of the company of the	SUFFIX Date Hand-delivered Tother (specify) fied reporting limit ampaign treasurer ficeholder only) tach C/OH-FR) Month Day Year H 12/31/2023 The \$650.00 "in kind" donation.	d or Date Postmarked Amount
NICKNAME NICKNAME LAST McCauley RIGINAL PORT TYPE July 15 Streeded modification Sth day before election RIGINAL PERIOD OVERED Month Day Year 07/03/2023 THROUGH THROUGH	SUFFIX Date Hand-delivered Tother (specify) fied reporting limit ampaign treasurer ficeholder only) tach C/OH-FR) Month Day Year IH 12/31/2023 The \$650.00 "in kind" donation.	d or Date Postmarked Amount
RIGINAL PERIOD Month Day Year 07/03/2023 THROUGH THROUGH THROUGH THROUGH TO THE TOTAL ADVERTED TO THE TOTAL PERIOD THROUGH THR	Other (specify) fied reporting limit	Amount
RIGINAL PERIOD Month Day Year 07/03/2023 THROUGH THROUGH Waterently omitted "in kind" donation. Added Schedule A2 listing to a recommendation of the comment	The field reporting limit ampaign treasurer ficeholder only) tach C/OH-FR) Month Day Year Date Imaged The \$650.00 "in kind" donation.	Amount
July 15 Exceeded modification appointment (office legal of the composition of the composi	The field reporting limit ampaign treasurer ficeholder only) tach C/OH-FR) Month Day Year Date Imaged The \$650.00 "in kind" donation.	Amount
July 15 Exceeded modification appointment (office legal of the composition of the composi	ampaign treasurer ficeholder only) tach C/OH-FR) Month Day Year Date Imaged H 12/31/2023 the \$650.00 "in kind" donation.	
RIGINAL PERIOD Month Day Year 07/03/2023 THROUGH THROUGH OVERED 07/03/2023 THROUGH OVERED 07/03/	month Day Year H 12/31/2023 The \$650.00 "in kind" donation.	ed report is true
RIGINAL PERIOD Month Day Year 07/03/2023 THROUGH THROUGH OVERED 07/03/2023 THROUGH OVERED 07/03/	Month Day Year H 12/31/2023 The \$650.00 "in kind" donation.	ed report is true
RIGINAL PERIOD Month Day Year 07/03/2023 THROUGH PLANATION OF CORRECTION advertently omitted "in kind" donation. Added Schedule A2 listing the same of	Month Day Year H 12/31/2023 The \$650.00 "in kind" donation.	ed report is true
PLANATION OF CORRECTION advertently omitted "in kind" donation. Added Schedule A2 listing the FIDAVIT FIDAVIT I s ar	the \$650.00 "in kind" donation.	ed report is true
FIDAVIT FIDAVIT CPLANATION OF CORRECTION Advertently omitted "in kind" donation. Added Schedule A2 listing the state of	the \$650.00 "in kind" donation.	ed report is true
advertently omitted "in kind" donation. Added Schedule A2 listing the state of the		ed report is true
FIDAVIT I s ar C		ed report is true
C	nd correct.	
Г	Check the box next to any and all applicable statements:	
_	Semiannual reports: I swear, or affirm that the original was made in good faith and without an intent to misled misrepresent the information contained in the report.	
X	Other reports: I swear, or affirm, that I am filing thi report not later than the 14th business day after the day that the report as originally filed is inaccurate or income swear, or affirm, that any error or omission in the reportiled was made in good faith.	late I learned nplete. I
_	Mr. Michael A. McCauley	
_	Signature of Candidate or Officeholder	
FFIX NOTARY STAMP / SEAL ABOVE		
worn to and subscribed before me, by the said	, this the	day
f, 20, to certify which, witness m	ny hand and seal of office.	
Signature of officer administering oath Printed name of		ministering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087799 63 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** Mr. Michael A. NAME Date Received **ELECTRONICALLY FILED** 02/03/2024 NICKNAME LAST **SUFFIX** McCauley CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 6926 MAILING Receipt # Amount **ADDRESS** Corpus Christi, TX 78466 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Cecil NAME NICKNAME LAST **SUFFIX** Childers STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 425 Santa Monica **ADDRESS** (Residence or Business) Corpus Christi, TX 78411 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 947-0696 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/03/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None District 28th Nueces District Judge District 28th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	McCauley, Michael A	(Mr.)	14 Filer ID (00087799	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without i d officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	TEE TYPE COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 42,875.00				
EXPENDITURE TOTALS	KPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES							
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 30,121.16				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 42,154.20				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		Mr. Mi	chael A. McCauley					
		Signature of	Candidate or Officehole	der				
AFFIX NO	ΓARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
of	, 20, to c	ertify which, witness my hand and seal of office.						
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	administering oath				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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			4	of 63
18 FILER N	(Ethics Commission Fil	ers)		
20 SCHED	ULE SUBTOTALS DF SCHEDULE	SUBTOTAL AMO	UNT	
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 42	,225.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	650.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4. X	SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	70.80	
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00	
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 10	,054.82
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 19	,995.54
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	\$			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/32 Rpt: 5/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 07/24/2023	Full name of contributor Adler, Chris Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Corpus Christi, TX 7841	1			
8		Principal Occupation		9 Contributor's Job Title		
	investor n/a					
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp				oous	se (if any)
40	n/a					
12	i contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/24/2023	Adler, Matt Contributor address; City; \$	State; Zip Code			\$150.00
		Corpus Christi, TX 7841	3			
		Principal Occupation		Contributor's Job Title		
	self			owner		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/22/2023	Adler, Troy		,		\$100.00
		Contributor address; City; \$ Corpus Christi, TX 7841				
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	recycling			owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Federal Iron					
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	w to complete this	form.		pages Schedule A(J)1: 2/32 Rpt: 6/63	
2	FILER NAME McCauley, N	Лichael A. (Mr.)				ID (Ethics Commission 7799	n Filers)
4	Date 08/06/2023	5 Full name of contributor Allen , Helen6 Contributor address; City;	out-of-state PAC (ID#:		7 Amou	unt of Contribution (\$)	\$100.00
		Corpus Christi, TX 7840	1				
8		Principal Occupation		9 Contributor's Job Title			
	retired n/a						
10	10 Contributor's employer/law firm 11 Law firm of contributor's s					ny)	
40	n/a		f \				
12	ii contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	
	07/22/2023	Allen, Melanie	_				\$50.00
		Contributor address; City; Corpus Christi, TX 7841					
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	n/a	- ппораг Оссиралоп		n/a			
		employer/law firm		Law firm of contributor's sp	oouse (if a	nv)	
	n/a	. F. M				,,	
	If contributor i	s a child, law firm of parent(s) (if	f any)	<u>l</u>			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amou	unt of Contribution (\$)	
	08/02/2023	Allen , Phyllis]		\$250.00
		Contributor address; City;					
	0	Corpus Christi, TX 7841		Occasion de de Tide			
	retired	Principal Occupation		Contributor's Job Title			
_		employer/law firm		Law firm of contributor's sp	nouse (if a	nv)	
	n/a	employer/iaw iiim		Law iiiiii oi contributoi 3 3	Jouse (II al	y)	
		s a child, law firm of parent(s) (if	f any)	1			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.		al pages Schedule A(J)1 h: 3/32 Rpt: 7/63	:
2	FILER NAME McCauley, N	/lichael A. (Mr.)				er ID (Ethics Commissi 087799	on Filers)
4	Date 09/09/2023	5 Full name of contributor Allen, Roland6 Contributor address; City;	out-of-state PAC (ID#:		7 Am	ount of Contribution (\$)	\$500.00
		Corpus Christi, TX 7840	1				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	retired n/a						
10	10 Contributor's employer/law firm 11 Law firm of contributor's span and a s					any)	
10	n/a	a a shile! lave firms of a supert/a) (if	: a.a. 3				
12	2 II CONTINUITOR I	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	08/13/2023	Altheide, Paul Contributor address; City;	State; Zip Code				\$500.00
	Contributor's l	Corpus Christi, TX 7840 Principal Occupation	4	Contributor's Job Title			
	CPA	Thicipal Occupation		Secretary			
-		employer/law firm		Law firm of contributor's sp	oouse (if	anv)	
	Ed Rachal F						
	If contributor i	s a child, law firm of parent(s) (if	any)	1			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	I Am	ount of Contribution (\$)	
	09/20/2023	Baker , Brenda	out or state . 7 to (is			(+)	\$500.00
		Contributor address; City;	State; Zip Code				
		Corpus Christi, TX 7841	1				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	attorney			attorney			
		employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	Baker & Bak						
	If contributor i	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/32 Rpt: 8/63
2	FILER NAME McCauley, N	Лісhael А. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 09/09/2023	5 Full name of contributor Beauchamp, Drake6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Corpus Christi, TX 7840	4			
8		Principal Occupation		9 Contributor's Job Title		
	doctor owner					
10	10 Contributor's employer/law firm Radiology & Imaging 11 Law firm of contributor's sp				oous	se (if any)
_						
12	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	11/06/2023	Bergsma, Michael Contributor address; City;	State; Zip Code			\$250.00
		Corpus Christi, TX 7841	3			
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	geologist			owner		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)
	09/14/2023	Boudreaux, Marjorie	out of state 1 Ae (15#.)		\$50.00
		Contributor address; City; Corpus Christi, TX 7840				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	business pro	·		executive		
_		employer/law firm		Law firm of contributor's sp	חחופ	se (if any)
	Goodwill	simple yelliaw iliini		Law iiiii oi continuatoi 3 3	Jour	ic (ii dily)
		s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J). ch: 5/32 Rpt: 9/63	1:
2	FILER NAME McCauley, N	/lichael A. (Mr.)			1	ler ID (Ethics Commiss 0087799	ion Filers)
4	Date 11/06/2023	Full name of contributor Bradford, Rebecca Contributor address; City; 9	out-of-state PAC (ID#:)	7 Ai	mount of Contribution (\$)	\$250.00
		Corpus Christi, TX 7841	4				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	n/a			n/a			
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp				oouse ((if any)	
_	n/a	1311 6 6 42.00					
12	! If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Aı	mount of Contribution (\$)	
	07/24/2023	Brooks, Patsy Contributor address; City; \$	State; Zip Code				\$1,000.00
		Corpus Christi, TX 7840	4				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	investor			n/a			
	Contributor's on/a	employer/law firm		Law firm of contributor's sp	oouse ((if any)	
	If contributor i	s a child, law firm of parent(s) (if	any)				
_	Date	Full name of contributor	out-of-state PAC (ID#:	,	ΙΔι	mount of Contribution (\$)	
	09/09/2023	Brooks, Tabor	at or state 1710 (IBM.				\$1,000.00
		Contributor address; City; \$					
		Corpus Christi, TX 7800	6				
		Principal Occupation		Contributor's Job Title			
	investor			n/a			
	Contributor's on/a	employer/law firm		Law firm of contributor's sp	oouse ((if any)	
		s a child, law firm of parent(s) (if	anvi				
	ii continuator i	s a criliu, iaw ilimi or paremi(s) (ii	arry)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/32 Rpt: 10/63
2	FILER NAME McCauley, N	Лichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 08/20/2023	Full name of contributor Browning , Robert Contributor address; City; 9	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Corpus Christi, TX 7841	3			
8		Principal Occupation		9 Contributor's Job Title		
	retired n/a					
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp				oous	se (if any)
<u> </u>	n/a	1311 6 6 (4) 66				
12	t if contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/02/2023	Buchannan, Reese Contributor address; City; \$	State; Zip Code			\$100.00
		Corpus Christi, TX 7841	1			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	attorney			attorney		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)
	07/22/2023	Byrom, Donna	out of state 1710 (IBM.			\$2,500.00
		Contributor address; City; S			•	
	Cambrilla stanla	Corpus Christi, TX 7841	1	Constributoulo Joh Title		
	realtor	Principal Occupation		Contributor's Job Title owner		
H		employer/law firm		Law firm of contributor's sp	2011	se (if any)
		al Real Estate		Law min or contributor 5 of	Jour	se (ii diiy)
		s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 7/32 Rpt: 11/63
2	FILER NAME McCauley, N	Лichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 11/09/2023			7	Amount of Contribution (\$) \$500.00	
		Corpus Christi, TX 7841	1			
8		Principal Occupation		9 Contributor's Job Title		
	realtor owner					
10	10 Contributor's employer/law firm Core Coastal			oous	se (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/09/2023	Campbell, Dennis Contributor address; City; \$	State; Zip Code			\$300.00
_	Contributor's I	San Antonio , TX 78209		Contributor's Job Title		
	retired	Principal Occupation		n/a		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	n/a					
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/06/2023	Chesney, Brent				\$500.00
		Contributor address; City; 9 Corpus Christi, TX 7841:	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	real estate			owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	First Title					
	If contributor i	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 8/32 Rpt: 12/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 08/20/2023	5 Full name of contributor Childers, Cecil6 Contributor address; City; \$			7	Amount of Contribution (\$) \$2,500.00
		Corpus Christi, TX 7841	1			
8		Principal Occupation		9 Contributor's Job Title		
	banker			President		
10	10 Contributor's employer/law firm11 Law firm of contributor's spProsperity Bank			oous	se (if any)	
12	! If contributor i	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/02/2023	Clower, Alan Contributor address; City; 9 Corpus Christi, TX 7841			·	\$250.00
_	Contributor's I	Principal Occupation	-	Contributor's Job Title	_	
	real estate a			owner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Dorsey & Clo	ower				
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/31/2023	Cocke, Will	_			\$250.00
		Contributor address; City; s Corpus Christi, TX 7840			•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	investor			n/a		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/32 Rpt: 13/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 11/02/2023	5 Full name of contributorDain, Katherine6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Corpus Christi, TX 7841	0			
8		Principal Occupation		9 Contributor's Job Title		
	business owner owner					
10 Contributor's employer/law firm Dominos Pizza 11 Law firm of contributor's specified by the second of the sec				ous	se (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	10/17/2023	Deaver, Dorothy Contributor address; City;	State; Zip Code		•	\$100.00
		Corpus Christi, TX 7841	2 			
		Principal Occupation		Contributor's Job Title		
	n/a			n/a		and the sun of
	n/a	employer/law firm		Law firm of contributor's sp	ou	se (II ariy)
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/24/2023	Fulton, Fran				\$500.00
		Contributor address; City; Corpus Christi, TX 7840				
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	investor			n/a		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	n/a					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	nges Schedule A(J)1: D/32 Rpt: 14/63	;
2	FILER NAME McCauley, N	⁄lichael A. (Mr.)			3 Filer ID 000877	(Ethics Commissio	n Filers)
4	Date 11/09/2023	5 Full name of contributorFulton, Joe6 Contributor address; City;	·		7 Amount	of Contribution (\$)	\$1,000.00
		Corpus Christi, TX 7841	2				
8		Principal Occupation		9 Contributor's Job Title			
	attorney			attorney			
10	O Contributor's employer/law firm 11 Law firm of contributor's spelf				oouse (if any))	
12	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	11/09/2023 Garcia , Carlos Contributor address; City; State; Zip Code				ζ,	\$100.00	
		Corpus Christi, TX 7841	8				
	Contributor's Principal Occupation Contributor's Job Title						
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any))	
	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	12/22/2023	Gardner, Becky	_				\$50.00
		Contributor address; City; Corpus Christi, TX 7840					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Continuators	Principal Occupation		Continuator's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	acuse (if any)	<u> </u>	
	Continuators	employer/law lilli		Law IIIII of Contributor's Sp	Jouse (II ally))	
_	If contributor i	s a child, law firm of parent(s) (i	f anv)				
		o a oa, iaii o. pa.o(o) (i	,)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/32 Rpt: 15/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 08/02/2023	Full name of contributor Gilmore , Clydelle Contributor address; City; 9	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$100.00
		Corpus Christi, TX 7841	2			
8		Principal Occupation		9 Contributor's Job Title		
	retired			n/a		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	n/a	a a shild law firm of parant(a) (if	and			
12	in Contributor is	s a child, law firm of parent(s) (if	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/24/2023 Gilmore , Jessica Contributor address; City; State; Zip Code				\$500.00	
		Corpus Christi, TX 7840	4			
	Contributor's Principal Occupation Contributor's Job Title					
	business ow			owner		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/09/2023	Gulley, Brian				\$500.00
		Contributor address; City; S	·			
	0	Corpus Christi, TX 7841	8 	I 0 . 7		
	investor	Principal Occupation		Contributor's Job Title		
_		employer/law firm		Law firm of contributor's sp	20119	se (if any)
	self	ыпрюуетла <i>ж</i> шт		Law IIIII of Contributor 3 3	Jou	e (ii aiiy)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J)1: Sch: 12/32 Rpt: 16/63	
2	FILER NAME McCauley, N	Лісhael А. (Mr.)			1	Filer ID (Ethics Commission Filers)	
4	Date 10/13/2023	5 Full name of contributor Hall, Chris6 Contributor address; City;	out-of-state PAC (ID#:		7 4	Amount of Contribution (\$) \$500).00
		Corpus Christi, TX 7841	8				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	attorney			attorney			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse	(if any)	
12		s a child, law firm of parent(s) (if	any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#:)	P	Amount of Contribution (\$)	
	08/25/2023 Hammonds, Carol Contributor address; City; State; Zip Code				\$500	.00	
		Corpus Christi, TX 7841	1				
	Contributor's Principal Occupation Contributor's Job Title						
	n/a n/a						
	Contributor's on/a	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
		s a child, law firm of parent(s) (if	any)	1			
		T					
	Date	Full name of contributor	out-of-state PAC (ID#:)	^	Amount of Contribution (\$)	
	08/02/2023	Hanna, Kelly				\$250	1.00
		Contributor address; City; Corpus Christi, TX 7841					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	dentist	Thicipal Occupation		dentist			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
	self						
	If contributor i	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/32 Rpt: 17/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 11/09/2023	5 Full name of contributor Hanna, Kelly6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00
		Corpus Christi, TX 7841	2			
8		Principal Occupation		9 Contributor's Job Title		
	dentist			dentist		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/09/2023 Harris, Alex Contributor address; City; State; Zip Code Corpus Christi, TX 78415				\$250.00	
_	Contributor's Principal Occupation Contributor's Job Title				<u> </u>	
	real estate n/a					
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	ee (if any)
	self					
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/02/2023	Hastings , Frank				\$2,500.00
		Contributor address; City; Corpus Christi, TX 7841				
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	banker			President		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	PlainsCapita	ıl Bank				
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/32 Rpt: 18/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 10/10/2023	5 Full name of contributor Heldenfelds, Marion6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00
		Corpus Christi, TX 7841	3			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	n/a			n/a		
10		employer/law firm		11 Law firm of contributor's sp	pous	e (if any)
L	n/a					
12	If contributor is	s a child, law firm of parent(s) (i	fany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/06/2023 Herin , Nova Contributor address; City; State; Zip Code				\$1,000.00	
		Corpus Christi, TX 7846	0	_		
	Contributor's Principal Occupation Contributor's Job Title					
	n/a			n/a		-
	n/a	employer/law firm		Law firm of contributor's sp	pous	e (If any)
		s a child, law firm of parent(s) (i	f any)			
	ii contributor i	s a crilid, law litti or pareril(s) (i	i aliy)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/09/2023	Herndon, Mark				\$500.00
	Contributor address; City; State; Zip Code Aransas Pass, TX 78335					
_	Contributor's F	I Principal Occupation		Contributor's Job Title	1	
	seafood brol			owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	pous	e (if any)
	self					
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	ages Schedule A(J)1 .5/32 Rpt: 19/63	:
2	FILER NAME McCauley, N	Лісhael А. (Mr.)			3 Filer ID 00087	(Ethics Commission 799	on Filers)
4	Date 07/22/2023	5 Full name of contributor Herring, Lisa6 Contributor address; City;	out-of-state PAC (ID#:		7 Amoun	nt of Contribution (\$)	\$500.00
		Corpus Christi, TX 7841	1				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	investor			owner			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse (if any	y)	
12	If contributor i	s a child, law firm of parent(s) (if	any)	1			
		T			T		
	Date Full name of contributor out-of-state PAC (ID#:) 12/22/2023 Holmgreen, John Contributor address; City; State; Zip Code		Amoun	nt of Contribution (\$)	\$250.00		
		Corpus Christi, TX 7840	1				
	Contributor's Principal Occupation Contributor's Job Title						
	retired n/a						
	Contributor's on/a	employer/law firm		Law firm of contributor's sp	oouse (if any	y)	
	If contributor i	s a child, law firm of parent(s) (if	any)	•			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	08/20/2023	Hooper, Kathy	—			. ,	\$250.00
		Contributor address; City;	State; Zip Code		·		
		Corpus Christi, TX 7841	1				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u>I</u>		
	n/a			n/a			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any	y)	
	n/a						
	If contributor i	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J))1
	The Instru	ction Guide explains ho	w to complete this	form.	1	pages Schedule A(J)1: L6/32 Rpt: 20/63	
2	FILER NAME McCauley, N	Лichael A. (Mr.)			3 Filer II	C (Ethics Commission File	ers)
4	Date 11/09/2023	5 Full name of contributor Hummell, Michael6 Contributor address; City;	out-of-state PAC (ID#:)	7 Amour	nt of Contribution (\$) \$1,0	00.00
		Corpus Christi, TX 7846	6				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	attorney			attorney			
10	Contributor's of Bay Ltd	employer/law firm		11 Law firm of contributor's sp	oouse (if an	у)	
12		s a child, law firm of parent(s) (ii	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	08/02/2023 Huseman , Van Contributor address; City; State; Zip Code				\$5	00.00	
	Contributor's	Corpus Christi, TX 7840 Principal Occupation	4	Contributor's Job Title			
	attorney attorney						
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if an	y)	
	self	s a child, law firm of parent(s) (if	f anv)				
	ii continuator i	3 a crima, law iiiiii or parcria(3) (ii	arry)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	11/06/2023	Jordan, Marilyn	–				50.00
		Contributor address; City;	State; Zip Code				
		Corpus Christi, TX 7840	1				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if an	y)	
	•						
	If contributor i	s a child, law firm of parent(s) (if	fany)				
-							

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 17/32 Rpt: 21/63
2	FILER NAME McCauley, N	Лісhael А. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 08/02/2023	5 Full name of contributor Kennedy, Lisa6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Corpus Christi, TX 7840	1			
8		Principal Occupation		9 Contributor's Job Title		
	banker			banker		
10	Contributor's of PlainsCapita	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	·	s a child, law firm of parent(s) (if	· anu)			
12	in contributor i	s a criliu, iaw iiriri or parerii(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/20/2023 Knolle, Beth Contributor address; City; State; Zip Code				\$50.00	
		Sandia, TX 78383				
	Contributor's Principal Occupation Contributor's Job Title			<u> </u>		
	n/a n/a					
	Contributor's on/a	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/06/2023	Lamb, John				\$50.00
		Contributor address; City;	State; Zip Code			
		Corpus Christi, TX 7840	1			
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	investor			n/a		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	self					
	If contributor i	s a child, law firm of parent(s) (if	any)			
_						

	MONET	ARY POLITICAL CO	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to	complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 18/32 Rpt: 22/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087799
4	Date 08/02/2023	 5 Full name of contributor Landreth , Scott 6 Contributor address; City; State Corpus Christi, TX 78404 	out-of-state PAC (ID#:_ ; Zip Code		7 Amount of Contribution (\$) \$200.00
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title	
	attorney			attorney	
10	Contributor's o	employer/law firm n Wolter		11 Law firm of contributor's sp	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)
	11/15/2023 Lange, Tim Contributor address; City; State; Zip Code Corpus Christi, TX 78418				\$2,500.00
Contributor's Principal Occupation Contributor's Job Title					
	investor n/a				
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	r		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	08/02/2023 Larue, Mark Contributor address; City; State; Zip Code Corpus Christi, TX 78412			\$100.00	
	Contributor's I	Principal Occupation		Contributor's Job Title	•
	banker			banker	
		employer/law firm		Law firm of contributor's sp	pouse (if any)
	PlainsCapita				
	If contributor i	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 19/32 Rpt: 23/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 09/09/2023	Full name of contributor Lippincott , Michael Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Corpus Christi, TX 7841	1			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	construction			Sr VP		
10	Contributor's e Fulton Cons	employer/law firm truction		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	11/15/2023 Lippincott , Michael Contributor address; City; State; Zip Code				\$500.00	
		Corpus Christi, TX 7841	1			
	Contributor's Principal Occupation Contributor's Job Title					
	construction					
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Fulton Cons					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/24/2023	Mason, John				\$500.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411					
-	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	dentist			owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 20/32 Rpt: 24/63
2	FILER NAME McCauley, N	Ліchael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 08/06/2023	5 Full name of contributorMay , Barbara6 Contributor address; City; S			7	Amount of Contribution (\$) \$1,500.00
		Corpus Christi, TX 78412	<u> </u>	_		
8		Principal Occupation		9 Contributor's Job Title		
_	investor			owner		
10	O Contributor's employer/law firm self 11 Law firm of contributor's s				oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/02/2023 McCauley, William Contributor address; City; State; Zip Code				\$100.00	
		Corpus Christi, TX 78412	1			
	Contributor's Principal Occupation Contributor's Job Title					
	landman			owner		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/06/2023	McCracken, Coleene				\$500.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411				•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	retired			n/a		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	n/a					
	If contributor i	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 21/32 Rpt: 25/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			1	Filer ID (Ethics Commission Filers) 00087799
4	Date 08/06/2023	5 Full name of contributor McGregor, John6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$250.00
		Corpus Christi, TX 78404	1			
8		Principal Occupation		9 Contributor's Job Title		
	retired			n/a		
10		employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	n/a	a a shild law firm of narant(a) (if	on d			
12	in Contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/30/2023 McLauchlin, Janice Contributor address; City; State; Zip Code				\$75.00	
		Corpus Christi, TX 78403	L			
	Contributor's Principal Occupation Contributor's Job Title					
	realtor					
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
L	Coldwell Bar		on d			
	ii contributor ii	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/06/2023	Milby, Richard				\$1,000.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78410						
	Contributor's F	I 'Principal Occupation		Contributor's Job Title	<u> </u>	
	retired			n/a		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	n/a					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	ages Schedule A(J)1: 2/32 Rpt: 26/63	:
2	FILER NAME McCauley, N	Лichael A. (Mr.)			3 Filer ID 000877	(Ethics Commission 799	on Filers)
4	Date 11/06/2023	5 Full name of contributor Mintz, Laurie6 Contributor address; City;	out-of-state PAC (ID#:)	7 Amount	of Contribution (\$)	\$500.00
		Corpus Christi, AK 7841	1				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	n/a			n/a			
10		employer/law firm		11 Law firm of contributor's sp	oouse (if any))	
12	n/a	a a shild law firm of narant(a) (i	Fomily				
12	i ii contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	11/09/2023	Nuss, Patricia Contributor address; City;	State; Zip Code				\$150.00
	Contributor's I	Corpus Christi, TX 7841 Principal Occupation	1	Contributor's Job Title			
	n/a			n/a			
	Contributor's on/a	employer/law firm		Law firm of contributor's sp	oouse (if any))	
		s a child, law firm of parent(s) (if	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	12/23/2023	Olsson, Natalie					\$50.00
		Contributor address; City;					
		Corpus Christi, TX 7841	3				
		Principal Occupation		Contributor's Job Title			
	retired	omplovor/low firm		n/a	acusa (if any)		
	n/a	employer/law firm		Law firm of contributor's sp	oouse (II ariy))	
		s a child, law firm of parent(s) (if	f any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)	1
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J)1: Sch: 23/32 Rpt: 27/63	
2	FILER NAME McCauley, N	/lichael A. (Mr.)			1	Filer ID (Ethics Commission Filers)	3)
4	Date 08/02/2023	5 Full name of contributor Perez, Alfred6 Contributor address; City;	out-of-state PAC (ID#:		7 /	Amount of Contribution (\$) \$50	0.00
		Corpus Christi, TX 7841	8				
8		Principal Occupation		9 Contributor's Job Title			
	realtor			realtor			
10	Contributor's e	employer/law firm l		11 Law firm of contributor's sp	oouse	(if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	<i>P</i>	Amount of Contribution (\$)	
	11/09/2023	Perez, Eloy Contributor address; City; Corpus Christi, TX 7841				\$50	0.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>		
	real esate in			n/a			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
	If contributor is	s a child, law firm of parent(s) (i	any)	L			
	Date	Full name of contributor	out-of-state PAC (ID#:)	<i>P</i>	Amount of Contribution (\$)	
	07/19/2023	Pool , Corbet Contributor address; City; Corpus Christi , TX 7842	·			\$30	0.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	seafood brol			owner			
		employer/law firm		Law firm of contributor's sp	oouse	(if any)	
	Triton Seafo					. ,	
	If contributor is	s a child, law firm of parent(s) (if	any)	1			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 24/32 Rpt: 28/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 11/06/2023	5 Full name of contributor Resendez, David6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Corpus Christi, TX 7841	4			
8		Principal Occupation		9 Contributor's Job Title		
	business ow			owner		
10	Contributor's e Apollo Towir	employer/law firm ng		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	fany)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/13/2023	Respondek, Martha Contributor address; City;	<u> </u>			\$100.00
		Corpus Christi, TX 7841	1			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	•					
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	f any)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/09/2023	Rivers, John				\$100.00
		Contributor address; City; Corpus Christi, TX 7840				
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	retired			n/a		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	n/a					
	If contributor is	s a child, law firm of parent(s) (if	fany)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Fotal pages Schedule A(J)1: Sch: 25/32 Rpt: 29/63	
2	FILER NAME McCauley, N	/lichael A. (Mr.)			1	Filer ID (Ethics Commission 00087799	n Filers)
4	Date 10/18/2023	5 Full name of contributorSalee, Alice6 Contributor address; City;	out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)	\$250.00
		Corpus Christi, TX 7841	2				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	n/a			n/a			
10		employer/law firm		11 Law firm of contributor's sp	oouse	(if any)	
_	n/a	1911 6 6 (4) (7)					
12	! If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	<i>I</i>	Amount of Contribution (\$)	
	08/01/2023	Schmahl, Ray Contributor address; City;	State; Zip Code				\$250.00
		Corpus Christi, TX 7840	1				
		Principal Occupation		Contributor's Job Title			
	retired			n/a			
	Contributor's on/a	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
	If contributor i	s a child, law firm of parent(s) (if	any)	1			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T /	Amount of Contribution (\$)	
	09/30/2023	Scholl, Catherine	United State 1 AC (ID#.		′	undant of Continuation (4)	\$100.00
		Contributor address; City;					
		Corpus Christi, TX 7841	2				
		Principal Occupation		Contributor's Job Title			
	n/a			n/a			
	n/a	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
		s a child, law firm of parent(s) (if	any)	<u> </u>			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 26/32 Rpt: 30/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 08/02/2023	Full name of contributor Sedwick, James Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$200.00
		Corpus Christi, TX 7840	1			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	accountant			accountant		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
			3,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/24/2023	Selz, Shirley Contributor address; City;	State; Zip Code			\$350.00
	Contributor's	Corpus Christi, TX 7841 Principal Occupation	3	Contributor's Job Title		
	attorney	Timoipai Occupation		attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		ny McCauley				
	If contributor i	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/20/2023	Spear, Ingrid				\$100.00
		Contributor address; City;				
		Corpus Christi, TX 7841	2			
		Principal Occupation		Contributor's Job Title		
	attorney	and a conflored fines				on (if any)
	Contributors	employer/law firm		Law firm of contributor's sp	oous	se (IT any)
	If contributor i	s a child, law firm of parent(s) (if	anv)			
	ii continuator i	o a orma, law iiiii or parom(o) (ii	a.,,,			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 27/32 Rpt: 31/63
2	FILER NAME McCauley, N	Лichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 07/31/2023	5 Full name of contributor Stockseth, Kim6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Corpus Christi, TX 7841	3			
8		Principal Occupation		9 Contributor's Job Title		
	n/a			n/a		
10	Contributor's of the n/a	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	· anv)			
	. II contributor i	s a crima, law iiriri or parcrit(s) (ii	arry			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/13/2023	Stockseth, Norma Lee				\$100.00
		Contributor address; City;	State; Zip Code			
		Corpus Christi, TX 7841	2			
		Principal Occupation		Contributor's Job Title		
	retired			n/a		
	Contributor's on/a	employer/law firm		Law firm of contributor's sp	oous	se (if any)
_		s a child, law firm of parent(s) (if	anv)			
	ii contributor i	s a crima, law iiiiii or parcrit(s) (ii	uny)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/02/2023	Stokes, Melissa				\$250.00
		Contributor address; City;	State; Zip Code		1	
		0 01: 1: 7: 7: 7: 44	_			
	O a materilla contra alla I	Corpus Christi, TX 7841	2	Occasillant and Dala Title		
	investor	Principal Occupation		Contributor's Job Title owner		
_		employer/law firm		Law firm of contributor's sp	าดบร	se (if any)
	self	omproyoman iiiii			Jour	(i. di.))
	If contributor i	s a child, law firm of parent(s) (if	any)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 28/32 Rpt: 32/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 11/09/2023	5 Full name of contributor Taubman, Andrew6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Corpus Christi, TX 7841	2			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributorio	employer/law firm		11 Law firm of contributor's sp	2011	oo (if any)
10		етіріоуетлам інті		Law littl of contributors sp	Jou	se (II dily)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/24/2023	Thomasson , Charles Contributor address; City; Corpus Christi, TX 7840				\$500.00
L	Contributor's I	Principal Occupation		Contributor's Job Title		
	retired	тпстрат Оссираноп		n/a		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/01/2023	Thompson, Jeff Contributor address; City; Tulsa, OK 74145	State; Zip Code			\$250.00
Н	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	investor			n/a		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 29/32 Rpt: 33/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 08/02/2023	Full name of contributor Thompson , Kathy Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Corpus Christi, TX 7841	0			
8		Principal Occupation		9 Contributor's Job Title		
_	retired			n/a		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	. II continuator i	o a orma, law iiiii or parom(o) (ii	ca.iy)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	12/22/2023	Torres, Amanda Contributor address; City; 9	<u> </u>			\$250.00
		Corpus Christi, TX 7841.	1			
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	attorney			attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Branscomb					
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/06/2023	Vaughn, Carolyn				\$1,000.00
		Contributor address; City; S				
		Corpus Christi, TX 7841	0			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	n/a			n/a		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	n/a					
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 30/32 Rpt: 34/63
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 12/28/2023	5 Full name of contributorVaughn, Janet6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$300.00
		Corpus Christi, TX 78412	2			
8		Principal Occupation		9 Contributor's Job Title		
	retired			n/a		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	n/a	a a shild law firm of narant(a) (if	on d			
12	in Contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/18/2023	Whittet, William Contributor address; City; S	State; Zip Code			\$500.00
		Corpus Christi, TX 78402	L			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	real estate ir	nvestor		ownr		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	11/09/2023	Wilbur, Leslie				\$100.00
		Contributor address; City; S	State; Zip Code			
		Corpus Christi, TX 78413	3			
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	•					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.		ages Schedule A(J)1 1/32 Rpt: 35/63	:
2	FILER NAME McCauley, N	Лісhael А. (Mr.)			3 Filer ID 00087	(Ethics Commission 799	on Filers)
4	Date 12/22/2023	5 Full name of contributorWilkinson, John6 Contributor address; City;	out-of-state PAC (ID#:		7 Amoun	t of Contribution (\$)	\$250.00
		Premont , TX 78375					
8		Principal Occupation		9 Contributor's Job Title			
	veterinarian			Veterinerian			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12		s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	
	08/02/2023	William , Granburry Contributor address; City;	State; Zip Code				\$200.00
		Corpus Christi, TX 7840	1				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	attorney			attorney			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if	any)				
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amoun	t of Contribution (\$)	
	08/02/2023	Williams, John	<u> </u>				\$2,500.00
		Contributor address; City;	State; Zip Code				
		Agua Dulce, TX 78330					
		Principal Occupation		Contributor's Job Title			
	business ow			President			
	Down Time	employer/law firm Services		Law firm of contributor's sp	oouse (If any	")	
		s a child, law firm of parent(s) (if	any)	<u>l</u>			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		\$	SCHEDULE A	\(J)1
	The Instru	ction Guide explains how to complete this t	form.	1		s Schedule A(J)1: 2 Rpt: 36/63	
2	FILER NAME	Лichael A. (Mr.)			Filer ID (Ethics Commissio	n Filers)
4	Date 07/22/2023 5 Full name of contributor out-of-state PAC (ID#:) Young , Carolyn 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411				Contribution (\$)	\$100.00	
		Corpus Christi, TX 78411					
8		Principal Occupation	9 Contributor's Job Title	•			
	retired		retired				
10		Contributor's employer/law firm retired 11 Law firm of contributor's					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 37/63 FILER NAME 3 Filer ID (Ethics Commission Filers) McCauley, Michael A. (Mr.) 00087799 0.00 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/09/2023 Huseman, Van \$650.00 Paid for photo session for 7 Contributor address; City; State; Zip Code advertising Corpus Christi, TX 78404 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Huseman Law Firm 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B(J): Sch: 1/1 Rpt: 38/63 2 FILER NAME McCauley, Michael A. (Mr.) 3 Filer ID (Ethics Commission Filers) 00087799 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of piedgorout-of-state PAC (ID#:
McCauley, Michael A. (Mr.) 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgorout-of-state PAC (ID#:
TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgorout-of-state PAC (ID#:
7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Pledgor's principal occupation 11 Pledgor's job title 12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any)
7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Pledgor's principal occupation 11 Pledgor's job title 12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any)
10 Pledgor's principal occupation 11 Pledgor's job title 12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any)
12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any)
14 If pledgor is a child, law firm of parent(s) (if any)

	LOANS (J	UDICIAL)			SCHE	DULE E	(J)	
	The Instructio	n Guide explains how to complete this	form.			ges Schedul 1 Rpt: 39/6		
2	FILER NAME McCauley, Micha	ael A. (Mr.)	3 Filer ID 00087			O (Ethics Commission Filers)		
4	TOTAL OF UN	ITEMIZED LOANS		1		\$		0.00
5	Date of loan	7 Name of lender out-of-state Pr	AC (ID#:)	9 Loan An	mount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	w firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	leposited		account structions)	
19	GUARANTOR INFORMATION	20 Name of guarantor	•			22 Amount	Guaranteed	d (\$)
23	not applicable not applicable	21 Guarantor address; City; State; Dal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's sp	nnuse	a (if any)			
	· 		20 Law Firm Or guaranter 5 Sp		5 (ii uiiy)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 1/15 Rpt: 40/63	McCauley, Michael	A. (Mr.)			00087799					
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	0.0	00			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$73.00	07/22/2023								
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	Janets Cakery		TX							
8 PURPOSE OF	(a) Category		(b) Descrip	otion						
EXPENDITURE X Political	(See Categories listed at the top Event Expense	of this schedule)	cake for I							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living ex	pense				
9 Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought		Office held	<u> </u>				
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$77.61	07/23/2023								
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	Amazon.com									
			TX							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
l <u> </u>	Event Expense	or this seriedale)	pens							
X Political Non-Political	()									
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living ex	pense				
Complete ONLY if direct expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$61.25	07/24/2023								
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code			
	Signs.com									
			TX							
PURPOSE OF	(a) Category		(b) Descrip	otion						
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule)			banner						
X Political	Event Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
							<u></u>			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 2/15 Rpt: 41/63	McCauley, Michael	A. (Mr.)			00087799				
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$ 0.0		00		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$10.70	07/31/2023							
7 PAYEE	(a) Payee name	•	(b) Payee a	ıddress;	City,	State,	Zip Code		
	Amazon.com		TX						
8 PURPOSE OF	(a) Category		(b) Descript	tion					
EXPENDITURE X Political	(See Categories listed at the top Event Expense	of this schedule)	square credit card reader						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$6.34 08/04/2023								
PAYEE (a) Payee name			(b) Payee a	ıddress;	City,	State,	Zip Code		
	Office Depot								
			TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description name badges						
X Political	Lvent Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	K, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	ffice sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$40.00	08/13/2023							
PAYEE	(a) Payee name		(b) Payee a	iddress;	City,	State,	Zip Code		
	World Affairs Coun	Cil							
			TX						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	luncheon						
X Political	. Joan Doverage Exper								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 3/15 Rpt: 42/63	McCauley, Michael	A. (Mr.)			00087799				
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	00			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$169.90	08/13/2023							
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code		
	Stationary Studio		TX						
8 PURPOSE OF	(a) Category		(b) Descript	tion					
EXPENDITURE X Political	(See Categories listed at the top Printing Expense	of this schedule)	thank you						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH	· ·								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
\$12.00 08/14/2023		08/14/2023							
PAYEE (a) Payee name (b) Pay			(b) Payee a	address;	City,	State,	Zip Code		
	Google								
			TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description website						
X Political	/ tarontoning _/pones								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	office sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$12.00	08/14/2023							
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code		
	0		, , , , , , , , , , , , , , , , , , , ,						
	Google								
			TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Description						
	Advertising Expense	of this scriedule)	website -	2nd fee					
X Political									
Non-Political	`	of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
·									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)				
Sch: 4/15 Rpt: 43/63	McCauley, Michael	A. (Mr.)			00087799						
4 CREDIT CARD ISSUER	Name of finar	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	0.0	00				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid						
	\$50.00	08/14/2023									
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	Facebook		TV								
0 DUDDOCE OF	(a) Category		TX (b) Descripti	ion							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Facebook								
X Political	Advertising Expense		1 deebook	uus							
Non-Political	() []			7							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	name Onici	e sought		Office field							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	· Paid						
TAIMEN!	\$50.00	08/14/2023	(c) Butc(s) (orean cara issuer	r did						
DAVEE (a) Pausa sama											
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code				
	Facebook										
			TX								
PURPOSE OF	(a) Category	-f.4b-ibd-1-)	(b) Description								
EXPENDITURE	(See Categories listed at the top Advertising Expense	or this schedule)	ads								
X Political	γ του σ										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Office	ffice sought Office held								
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid						
	\$50.00	08/14/2023									
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code				
	Facebook										
			TX								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
l <u> </u>	Advertising Expense	of this scriedule)	ads								
X Political											
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

		The Insti	ruction Guide explains how	to complete	this	form.				
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	s Commis	sion Filers)	
	Sch: 5/15 Rpt: 44/63	McCauley, Michael	A. (Mr.)				00087799			
4	CREDIT CARD ISSUER	Name of finar	ncial institution	EXPEN	IDIT	UNITEMIZED URES TO A CREDIT	\$	0.0	00	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Cre	edit Card Issuer	Paid			
		\$124.49	08/15/2023							
7	PAYEE	(a) Payee name		(b) Payee	add	ress;	City,	State,	Zip Code	
		Thompson Reuters		TX						
8	PURPOSE OF	(a) Category		(b) Descrip	ptior	1				
	EXPENDITURE X Political	(See Categories listed at the top book	of this schedule)	book						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•		Check if Austin, TX,	officeholder living expe	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held			
e	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Cre	edit Card Issuer	Paid			
		\$75.00	08/15/2023							
	PAYEE	(a) Payee name		(b) Payee address;			City,	State,	Zip Code	
		Facebook								
				TX						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	ptior	1				
		Advertising Expense	or triis scriedule)	ads						
	X Political									
	Non-Political	<u> </u>	of Texas. Complete Schedule T.			Check if Austin, TX,	X, officeholder living expense			
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought			Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Cre	edit Card Issuer	Paid			
		\$75.00	08/17/2023							
	PAYEE	(a) Payee name		(b) Payee	add	ress;	City,	State,	Zip Code	
		Facebook								
				TX						
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	EXPENDITURE	Advertising Expense	or this scriedule)	ads						
	X Political									
	Non-Political	1	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense		
<u>م</u>	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held			
<u> </u>	p = 2 2 30 3,011									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

Candidate/Oniceriolae//Folitica	ŭ	ruction Guide explains how	to complete		TIEN (enter a catego	ny not listed a	bove)		
1 Total pages Schedule F4:	2 FILER NAME	·	-		3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 6/15 Rpt: 45/63	McCauley, Michael	A. (Mr.)			00087799				
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 0.00				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	[·] Paid				
	\$300.00	09/06/2023							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Marquez, Johnny		TX						
8 PURPOSE OF	(a) Category		(b) Descrip	otion					
EXPENDITURE	(See Categories listed at the top	of this schedule)	1 ' '	developer					
X Political	Advertising Expense			·					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	Office held	<u> </u>			
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	⁻ Paid				
	\$67.11	09/07/2023							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
Facebook									
			TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description ads						
	Advertising Expense	or this scriedale)	ads						
X Political									
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid				
	\$25.00	09/08/2023							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Leadership Institute	2							
	Leadership manate	,	TX						
PURPOSE OF	(a) Category	of this colored (Is)	(b) Descrip		_				
EXPENDITURE	(See Categories listed at the top campaign seminar	oi triis scriedule)	campaigi	n seminar					
X Political	. 5								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense			
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Onicentidet/Fullica		ruction Guide explains hov	v to complete this form.	Om	ILK (enter a cate	egory not listed at	oove)			
1 Total pages Schedule F4:	2 FILER NAME			:	3 Filer ID (E	thics Commiss	sion Filers)			
Sch: 7/15 Rpt: 46/63	McCauley, Michael	A. (Mr.)			00087799					
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	s 9	\$	0.0	00			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer I	Paid					
	\$113.00	09/11/2023								
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
	US Postal Service									
	(a) Catamani		TX (b) Description							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description PO Box fee							
<u> </u>	Fees		FO BOX IEE							
X Political	L. —									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense ffice sought Office held							
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Om	Le sought		Office field					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Co	ard Issuer I	Paid					
FATMENT			(c) Date(s) Credit Co	aru issuer i	aiu					
	\$1,333.06	09/11/2023								
PAYEE	(a) Payee name	l	(b) Payee address;		City,	State,	Zip Code			
	Corpus Christi Yacl	Corpus Christi Yacht Club								
			TX							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	of this schedule)	kickoff event							
X Political	Event Expense									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check i	if Austin, TX, of	X, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	fice sought Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer F	Paid					
	\$125.00	09/26/2023								
PAYEE	(a) Payee name	I	(b) Payee address;		City,	State,	Zip Code			
	Facebook									
	Гасероок 	Facebook								
			TX							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
l <u> </u>	Advertising Expense		ads							
X Political										
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		if Austin, TX, of	fficeholder living	expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held					
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)					
Sch: 8/15 Rpt: 47/63	McCauley, Michael	A. (Mr.)			00087799							
4 CREDIT CARD ISSUER	Name of finar	ncial institution	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$ 0.0		00					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid							
	\$14.98	10/06/2023										
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code					
	Facebook		TX									
8 PURPOSE OF	(a) Category		(b) Descrip	tion								
EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	ads									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	TX, officeholder living expense							
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid							
	\$113.49	10/13/2023	10/13/2023									
PAYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code							
	Vista Print											
			TX									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description campaign cards									
X Political	Advertising Expense											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Offic	ffice sought Office held									
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid							
	\$100.00	10/15/2023										
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code					
		01										
	Corpus Christi Crim	ne Stoppers										
			TX									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description									
	Food/Beverage Exper	,	crime stoppers banquet									
X Political												
Non-Political	· · · —	of Texas. Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense									
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held							
1	<u>'</u>											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	sion Filers)					
Sch: 9/15 Rpt: 48/63	McCauley, Michael	A. (Mr.)		00087799							
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	 \$	0.0	00					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid							
	\$36.25	10/18/2023									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Office Depot										
a purpose of	(a) Catagony		TX (b) Description								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	envelopes								
X Political	Advertising Expense		Спусторез								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin 7	TV office hallow their account							
9 Complete ONLY if direct	Candidate/Officeholder	· ·	T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Office sought								
expenditure to benefit C/OH			o oodg	GGG T.G.G							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid							
	\$1,389.25	10/20/2023									
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code					
	Victory Store										
			TX								
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	yard signs								
X Political	Advertising Expense										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 1	X, officeholder living e	, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	name Office	ffice sought Office held								
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid							
	\$32.93	10/23/2023									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Victory Store										
	Victory Store										
	(a) Catamani		TX								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
X Political	Advertising Expense		name badges								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 1	X, officeholder living e	xpense						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held							
expenditure to benefit C/OH											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	nis form.	(.,	,			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	sion Filers)			
Sch: 10/15 Rpt: 49/63	McCauley, Michael	A. (Mr.)			00087799					
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	0.0	00			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$39.48	11/09/2023								
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	Island Gatherings									
a purpose of	(a) Catagony		TX (b) Descript	ion						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description campaign meet & greet event							
X Political	Event Expense		Campaign	meet & greet ev	vent					
I 🗎			<u> </u>	_						
Non-Political	<u> </u>	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense fice sought Office held							
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onic	The sought Office field							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
I AIMEN			(c) Balc(s)	orean oara issuei	i i did					
	\$903.90	11/10/2023								
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	Island Gatherings									
			TX							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	campaign meet & greet							
X Political	Lvent Expense									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	name Offic	fice sought Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid					
	\$20.00	11/14/2023								
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code			
	Nueces County Re	publican								
			TX							
PURPOSE OF	(a) Category	(1)	(b) Descript	ion						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		lunch fee							
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenoider/Politica	· ·	ruction Guide explains how		THER (enter a catego	ry not listed at	oove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 11/15 Rpt: 50/63	McCauley, Michael	A. (Mr.)		00087799		
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	0.0)0
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$25.00	11/04/2023				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Nueces County Re	publican	TX			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	annual dues			
X Political	Fees					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	nense	
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH			· ·			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$1,896.15	11/18/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Victory Store					
			TX			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	4x4 signs			
X Political	Advertising Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$125.00	11/19/2023	(*, ***********************************			
	Ψ123.00	11/19/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Facebook					
			TX			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	ads			
X Political	Advertising Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living exp	 oense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH			·			
	<u> </u>					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Sch: 12/15 Rpt: 51/63	McCauley, Michael	A. (Mr.)			00087799				
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$	0.0	00		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
	\$16.22	11/21/2023							
7 PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code		
	Silverado Smokeho	ouse	TX						
8 PURPOSE OF	(a) Category		(b) Descrip	tion					
EXPENDITURE	(See Categories listed at the top	of this schedule)	dinner	MOH					
X Political	Food/Beverage Expe	nse							
Non-Political	(a) Chapte if traval autoids	of Texas. Complete Schedule T.	<u> </u>	Chapte if Austin TV	officebolder living ev				
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	<u>'</u>	<u> </u>	Crieck if Austin, 1X,	officeholder living ex	pense			
expenditure to benefit C/OH	Cararata Compension	name ome	o oodgiit		Omoo nola				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
	\$568.80	11/27/2023							
PAYEE	(a) Payee name	I	(b) Payee a	address;	City,	State,	Zip Code		
	Harbor Parking								
			TX						
PURPOSE OF	(a) Category	-fabin - ab a dula)	(b) Descrip						
EXPENDITURE X Political	(See Categories listed at the top Event Expense	or this schedule)	valet park	king					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. [Check if Austin, TX,	officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$89.00	(b) Date of Charge 12/06/2023	(c) Date(s)	Credit Card Issuer	r Paid				
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	address;	City,	State,	Zip Code		
	Facebook								
			TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	tion					
X Political	Advertising Expense	of this schedule)	ads						
Non-Political	Check if Austin, TX,	officeholder living ex	pense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Oniceriolden/Folitica	•	ruction Guide explains how	v to com	plete th		TILK (enter a categor	ly not listed a	bove)
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 13/15 Rpt: 52/63	McCauley, Michael	A. (Mr.)				00087799		
4 CREDIT CARD ISSUER	Name of final	ncial institution	E) Cł	(PEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	0.0	00
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
	\$332.85	12/09/2023						
7 PAYEE	(a) Payee name		(b) P	ayee a	ddress;	City,	State,	Zip Code
	Tractor Supply		TX					
8 PURPOSE OF	(a) Category			escripti	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	1 ` ′		zip ties			
X Political	Advertising Expense							
					7 Check if Austin TX	officeholder living exp	nense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought					Check ii Austin, 17,	Office held	JETISE	
expenditure to benefit C/OH			3					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
	\$291.98	12/12/2023						
PAYEE	(a) Payee name		(b) Pa	ayee a	ddress;	City,	State,	Zip Code
	Enterprise Rent A (Car						
			TX					
PURPOSE OF	(a) Category		(b) D	escripti	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	truck	k renta	ıl to install signs	5		
X Political	truck rental							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sough	nt	<u> </u>	Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) D	ate(s) (Credit Card Issue	r Paid		
	\$500.00	12/14/2023						
PAYEE	(a) Payee name	l	(b) P	ayee a	ddress;	City,	State,	Zip Code
	Corpus Christi Bar	Association						
			TX					
PURPOSE OF (a) Category				escripti		<u> </u>		
EXPENDITURE 	NDITURE (See Categories listed at the top of this schedule) Advertising Expense				party sponsor			
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sough	nt		Office held		
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a catego	ry not listed at	oove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 14/15 Rpt: 53/63	McCauley, Michael	A. (Mr.)		00087799		
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	0.0)0
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$90.40	12/19/2023				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Budget Rent A Car		TX			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	trust rental for signs			
X Political	truck rental					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living ex	nense	
9 Complete ONLY if direct	Candidate/Officeholder	<u>'</u>	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$216.41	12/20/2023				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Walgreens					
			TX			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	Advertising Expense	of this schedule)	Christmas cards			
X Political						
Non-Political	(*)	of Texas. Complete Schedule T.		officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$192.54	12/24/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Tractor Supply					
			TX			
PURPOSE OF	(a) Category	of their colored de	(b) Description			
EXPENDITURE 	(See Categories listed at the top Advertising Expense	or this schedule)	t-posts & zip ties			
X Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The Instr	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 15/15 Rpt: 54/63	McCauley, Michael	A. (Mr.)		00087799				
4 CREDIT CARD ISSUER	Name of finar	ncial institution	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$ 0.0	00			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$151.34	12/28/2023						
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State,	Zip Code			
	U-Haul		TX					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top truck rental	of this schedule)	truck rental for signs					
Non-Political	TX, officeholder living expense							
9 Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Office sought							
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$57.26	07/14/2023						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Amazon.com							
	(2) 0242 227		TX					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description envelopes					
X Political	Advertising Expense		Списторез					
Non-Political	() []							
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, 1	Office held				
expenditure to benefit C/OH	Candidate/Officeriolder	maric Onic	c 30ugni	Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid				
	\$1.13	08/02/2023						
	Ψ1.15	00/02/2020						
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Square							
			TX					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	square fee					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	-			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Baymant

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
			The Instruction Guide explain	S HOW to C	omplete this form.		_
1		2 FILER NAM				3 Filer ID (Ethics Commission Filers)	
	Sch: 1/9 Rpt: 55/63	McCauley,	Michael A. (Mr.)			00087799	
4	Date	5 Payee name	e				
	07/14/2023	Amazon.co	om				
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip C	ode		_
	\$57.26						
	Reimbursement from						
	X political contributions intended	TX					
_					[as =]		_
8	PURPOSE OF	1	See Categories listed at the top of this so	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	EXPENDITURE	Advertising	g Expense			Check if Adsum, 17, diffice folder living expense	
					envelopes		
							_
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought	Office held	
	C/OH						
		T					=
	Date	Payee name					
	08/08/2023	American I	Bank ————————————————————————————————————				
	Amount (\$)	Payee addre	ess; City; State	e; Zip C	ode		
	\$500.00						
	Reimbursement from						
	x political contributions intended	TX					
	PURPOSE	Category (s	See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.	-
	OF	Accounting		,	· i	Check if Austin, TX, officeholder living expense	
	EXPENDITURE		y = •··········g		initial deposit		
	Complete ONLY if direct	I Candidate/Office	eholder name		Office sought	Office held	-
	expenditure to benefit				3		
	C/OH						
	Date	Payee name					_
	09/11/2023	American I	Express				
	Amount (\$)	Payee addre	ess; City; State	e; Zip C	ode		-
	\$197.49		. , , ,				
	Reimbursement from						
	x political contributions intended	TX					
					<u> </u>		_
	PURPOSE OF	1 ,	See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	EXPENDITURE	Credit Car	d Payment		A ma a v m a v ma a mt		
					Amex payment	Stmt 8/18/23	
							_
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought	Office held	
	C/OH						
							-

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	lling Expense nting Expense laries/Wages/Contract Labor		Travel in Di Travel Out	
		1	The Instruction Guide explains	now to co	omplete this form.			
1		2 FILER NAME				1	Filer ID	(Ethics Commission Filers)
	Sch: 2/9 Rpt: 56/63	McCauley,	Michael A. (Mr.)				000877	99
4	Date	5 Payee name	,					
	11/09/2023	American E	Express					
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$113.49	-						
	Reimbursement from							
	X political contributions intended	TX						
_					la =			
8	PURPOSE OF	' ' ' '	ee Categories listed at the top of this scho	edule)	(b) Description	=		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	EXPENDITURE	Credit Card	l Payment		L	_	ck ii Austii	i, 17, officeriolaer living expense
					Amex Stmt 10/18	3		
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
	Data	Γ_						
	Date	Payee name						
	12/12/2023	American E	xpress					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$1,422.18							
	Reimbursement from							
	X political contributions intended	TX						
	PURPOSE	Category (s	see Categories listed at the top of this sch	edule)	Description	Che	eck if travel	outside of Texas. Complete Schedule T.
	OF	Credit Card				Che	eck if Austin	n, TX, officeholder living expense
	EXPENDITURE		,		Amex stmt 11/18	3		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit				· ·			
	C/OH							
	Date	Payee name						
	09/18/2023	American E	Express					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$64.00			•				
	Reimbursement from							
	X political contributions intended	TX						
	PURPOSE OF		ee Categories listed at the top of this scho	edule)	Description	=		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	EXPENDITURE	Credit Card	l Payment		L		ck ii Austii	i, 17, officeriolaer living expense
					Amex stmt 8/25			
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Lab		erhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
			The Instruction Guide explains	s now to co	omplete this form.	_		
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/9 Rpt: 57/63	McCauley, N	Michael A. (Mr.)				000877	99
4	Date	5 Payee name						
	10/04/2023	American Ex	kpress					
6	Amount (\$) \$25.00	7 Payee addres	s; City; State	e; Zip Co	ode			
	Reimbursement from political contributions intended	TX						
8	PURPOSE OF	(a) Category (Se	e Categories listed at the top of this so	chedule)	(b) Description	=		outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card	Payment		Amex stmt 9/10	_ Cr	ieck if Austir	n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeh	older name		Office sought			Office held
	Date	Payee name						
	12/04/2023	American Ex	kpress					
	Amount (\$)	Payee addres	s; City; State	e; Zip Co	ode			
	\$100.00							
	Reimbursement from political contributions intended	TX						
	PURPOSE	Category (Se	e Categories listed at the top of this so	chedule)	Description	⊒ _		outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	Payment		Amex stmt 11/10		neck if Austir	n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeh	older name		Office sought			Office held
	Date 12/12/2023	Payee name American Ex	kpress					
	Amount (\$) \$2,838.63	Payee addres	es; City; State	e; Zip Co	ode			
	Reimbursement from political contributions intended	TX						
	PURPOSE OF	Category (Se Credit Card	e Categories listed at the top of this so Payment	chedule)	Description _	=		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	EXPENDITURE				Amex stmt 11/17			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeh	older name		Office sought			Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing			xpense Vages/Contract Labor	n/Fundraising Expense ation Equipment & Related Expense obstrict of District Inter a category not listed above)			
_	Tatal manage Calculate Co	la =====	<u> </u>			_	Eller ID	(Ethica Oceanicaiae Eilean)	_
1	Total pages Schedule G: Sch: 4/9 Rpt: 58/63	2 FILER NAM McCauley,	E Michael A. (Mr.)			3	Filer ID 000877	(Ethics Commission Filers) '99	
4	Date	5 Payee name	<u> </u>						_
	09/12/2023	Capital On							
6	Amount (\$) \$231.50	7 Payee addr	ess; City; Stat	e; Zip Co	ode				
	Reimbursement from political contributions intended	TX							
8	PURPOSE	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description	=		I outside of Texas. Complete Schedule T	
	OF EXPENDITURE	Credit Car	d Payment		Cap One stmt 8/2	_	neck if Austi	n, TX, officeholder living expense	
_	0 1 0 0 1 1 1 1 1 1	0 11 1 10 11			055			0.00	_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought			Office held	
	Date	Payee name	9						_
	10/13/2023	Capital On							
	Amount (\$)	Payee addr	ess; City; Stat	e; Zip Co	ode				
	\$113.00								
	X Reimbursement from political contributions intended	TX							
	PURPOSE	Category (See Categories listed at the top of this s	chedule)	Description	Ch	neck if trave	l outside of Texas. Complete Schedule T	
	OF EXPENDITURE	Credit Car	d Payment			Cł	neck if Austi	n, TX, officeholder living expense	
					Cap One stmt 9/3	19			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought			Office held	
	Date	Payee name	۵						=
	12/12/2023	Capital On							
	Amount (\$) \$45.00	Payee addr	ess; City; Stat	e; Zip Co	ode				
	X Reimbursement from political contributions intended	TX							
	PURPOSE	Category (See Categories listed at the top of this s	chedule)	Description	=		I outside of Texas. Complete Schedule T	
	OF EXPENDITURE	Credit Car	d Payment			Cł	neck if Austi	n, TX, officeholder living expense	
					Cap One stmt 11	./19			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Office	eholder name		Office sought			Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		xpense Nages/Contract Labor	Trave	el in District el Out of District ER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer	ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 59/63	McCauley,	Michael A. (Mr.)			000	87799
4	Date	5 Payee name					
	09/13/2023	Chase					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode		
	\$88.31						
	Reimbursement from political contributions intended	TX					
8	PURPOSE	(a) Category (See Categories listed at the top of t	his schedule)	(b) Description	Check if	travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Car	d Payment			Check if	Austin, TX, officeholder living expense
					Chase stmt 8/18		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name)				
	09/12/2023	Chase					
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode		
	\$6.34						
	Reimbursement from political contributions intended	TX					
	PURPOSE	Category (See Categories listed at the top of t	nis schedule)	Description	Check if	travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Car	d Payment			Check if	Austin, TX, officeholder living expense
					Chase stmt 8/19		
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held
	C/OH						
	Date	Payee name					
	12/12/2023	Chase					
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode		
	\$36.25						
	Reimbursement from						
	X political contributions intended	TX					
	PURPOSE	Category (See Categories listed at the top of t	his schedule)	Description	Check if	travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Car	d Payment			Check if	Austin, TX, officeholder living expense
	EXPENDITURE				Chase stmt 11/19	9	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ons/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense late/Officeholder/Political Committee Legal Services Salaries/Wages/Contract			xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 6/9 Rpt: 60/63	2 FILER NAM	E Michael A. (Mr.)			1	Filer ID (Ethics Commission Filers) 00087799
_	•	-	· · ·				00081199
4	Date 09/07/2023	5 Payee name Fidelity	1				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$225.00 Reimbursement from political contributions intended	TX					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF	Credit Card		,	``	Ch	neck if Austin, TX, officeholder living expense
	EXPENDITURE				Fidelity stmt 8/15	5	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	10/10/2023	Fidelity					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$142.11		· •	•			
	Reimbursement from						
	x political contributions intended	TX					
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			Ch	neck if Austin, TX, officeholder living expense
					Fidelity stmt 9/14	1	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH				ŭ		
	Date	Payee name					
	11/08/2023	Fidelity					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$139.98						
	Reimbursement from political contributions intended	TX					
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF	Credit Card	l Payment			Ch	neck if Austin, TX, officeholder living expense
	EXPENDITURE		•		Fidelity stmt 10/1	L3	
	Complete ONLY if direct expenditure to benefit C/OH	I Candidate/Office	holder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/9 Rpt: 61/63 McCauley, Michael A. (Mr.) 00087799 Date Payee name 12/22/2023 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$2,500.00 Reimbursement from political contributions Х intended TX **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Consulting fee/Advertising expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/29/2023 Murphy Nasica & Associates Amount (\$) Payee address; City; State; Zip Code \$1,000.00 Reimbursement from political contributions Χ TX intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** consulting fee/advertising expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/20/2023 Nueces County Republican Party State; Zip Code Amount (\$) Payee address: City; \$150.00 Reimbursement from Χ political contributions intended TX **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit

C/OH

dinner at executive meeting

Office sought

Candidate/Officeholder/Political Committee

Candidate/Officeholder name

Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		*	Polling Ex Printing E: Salaries/V	xpense Vages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains h	now to co	mplete this form.		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 62/63		McCauley, Michael A. (Mr.)				00087799
4	Date	5	Payee name				
	11/14/2023		Nueces County Republican Party`				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$1,500.00						
	Reimbursement from						
	X political contributions intended		ТХ				
8	PURPOSE	(a) (Category (See Categories listed at the top of this sche	edule)	(b) Description	Тс	theck if travel outside of Texas. Complete Schedule T.
•	OF	` '	ees		(3)	=	heck if Austin, TX, officeholder living expense
	EXPENDITURE	·	663		filing fee		
					9		
9	Complete ONLY if direct	Cano	didate/Officeholder name		Office sought		Office held
3	expenditure to benefit C/OH	Carr	indate/Oniceriolder name		Office Sought		Office field
	Date		Payee name				
	12/08/2023		Nueces County Republican Party `				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$1,000.00		, , , , , , , , , , , , , , , , , , , ,				
	Reimbursement from						
	x political contributions intended		ТХ				
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF	,	Advertising Expense			C	heck if Austin, TX, officeholder living expense
	EXPENDITURE				thanksgiving text	t gre	eeting
	Complete ONLY if direct	Can	didate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH						
	C/OH						
	Date	-	Payee name				
	08/31/2023	١	Ray, Steve				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$2,500.00						
	Reimbursement from						
	X political contributions intended		τx				
	PURPOSE	<u> </u>	Category (See Categories listed at the top of this sche	idule)	Description	1 c	heck if travel outside of Texas. Complete Schedule T.
	OF		Consulting Expense			_	heck if Austin, TX, officeholder living expense
	EXPENDITURE	ľ	Consulting Expense		consulting fee		
					concatang ico		
	Complete ONLY if direct	Can	didate/Officeholder name		Office cought		Office held
	Complete ONLY if direct expenditure to benefit	Cari	didate/Officeriolder Haffle		Office sought		Office field
	C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/9 Rpt: 63/63 McCauley, Michael A. (Mr.) 00087799 Date Payee name 10/31/2023 Ray, Steve 6 Amount (\$) Payee address; City; State; Zip Code \$2,500.00 Reimbursement from political contributions intended Х TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** consulting fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/30/2023 Ray, Steve Amount (\$) Payee address; City; State; Zip Code \$2,500.00 Reimbursement from political contributions Χ TX intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** consulting fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH