#### 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 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Michael A. NAME Date Received **ELECTRONICALLY FILED** 02/05/2024 NICKNAME LAST **SUFFIX** McCauley CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 6926 MAILING Amount Receipt # **ADDRESS** Change of Address Corpus Christi, TX 78466 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **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 X 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** 01/01/2024 01/25/2024 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

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None

District Judge District 28

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	McCauley, Michael A	(Mr.)	<b>14</b> 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 d officeholders are required to report this informatio	the candidate's or offic	ceholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	OGNINITY LE ABBILESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
	2. TOTAL POLIT	10)	\$ 1,290.0				
EXPENDITURE TOTALS	<del>                                     </del>	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL EXPENDITURES					
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 8,112.3			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 43,515.0			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00			
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.					
		Mr. Mi	ichael A. McCauley				
			f Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
		aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
		21.1					
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath			

# **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

			C	OVER SHEE	3 of 17
<b>18</b> F	ILER N	AME	19 Filer ID	(Ethics Commission	n Filers)
M	lcCaul	ey, Michael A. (Mr.)	00087799		
<b>20</b> S	CHEDL	LE SUBTOTALS		SUBTOTAL A	TALLOMA
N	AME O	SCHEDULE SCHEDULE		SOBTOTAL	AWOONT
1	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	1,290.00
2		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4		SCHEDULE E(J): LOANS (JUDICIAL)	\$		
5	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	16.04	
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,672.49
9	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,423.85
1	D. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
1	1.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
1:	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/17
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 01/25/2024	<ul><li>5 Full name of contributor Bottom, Brent</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Corpus Christi, TX 7840	1			
8		Principal Occupation		9 Contributor's Job Title		
	title compan			owner		
10	Contributor's G San Jacinto	employer/law firm Title		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	01/05/2024 Fischer, Alice Ann  Contributor address; City; State; Zip Code  Corpus Christi, TX 78413					\$250.00
		<u> </u>	<u> </u>	1		
	Contributor's F	Principal Occupation		Contributor's Job Title		
		employer/law firm		n/a  Law firm of contributor's sp		on (if any)
	n/a	етіріоуетлам інті		Law IIIII of Contributor's Sp	Jou:	se (II ally)
		s a child, law firm of parent(s) (if	any)			
L		T			_	
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$) \$100.00
	01/05/2024 Grassedonio, Claire  Contributor address; City; State; Zip Code				•	\$100.00
	Contributor's I	Corpus Christi , TX 7840 Principal Occupation	J4 	Contributor's Job Title	<u> </u>	
	n/a	Tilicipal Occupation		n/a		
_		employer/law firm		Law firm of contributor's sp	יוח	se (if any)
	n/a	inpoyonaw iiiii		Law min or contributor c s	, ou	oo (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	Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/17
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 01/25/2024	<ul><li>5 Full name of contributor Kratzig, Paul</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Corpus Christi, TX 7840	1			
8		Principal Occupation		9 Contributor's Job Title		
	attorney			attorney		
10	Contributor's e Paul Kratzig	employer/law firm Law		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	01/17/2024 Nacci, Cathy  Contributor address; City; State; Zip Code					\$300.00
		Corpus Christi, TX 7841	1			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	n/a			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)	l		
H	Date	Full name of contributor	out-of-state PAC (ID#:	· )	T	Amount of Contribution (\$)
	01/25/2024	Stewart , David		,		\$40.00
		Contributor address; City; State; Zip Code				
_	Contributor's F	Corpus Christi, TX 7841 Principal Occupation	· <b>-</b>	Contributor's Job Title		
	banker	molpai occupation		banker		
Н	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Kleberg Ban					
	If contributor is	s a child, law firm of parent(s) (i	f any)	,		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to com	plete this	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 6/17	McCauley, Michael A. (Mr.)			00087799	
4	Date	5 Payee name		<u> </u>		
	01/25/2024	Cash App				
6	Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>			
	\$1.10		_			
	¥=:==					
		TX				
Ļ						
8	PURPOSE OF	, , ,	b) Descr		do of Toyas Com	plete Schedule T.
	EXPENDITURE	Fees			officeholder living	
				d Stewart co		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O	<del>1</del>				
H	Date	Payee name				
	01/25/2024	PayPal				
	Amount (\$)	Payee address; City; State; Zip Code	0			
	\$14.94	rayee address, City, State, Zip Code	C			
	Ф14.94					
		TX				
	PURPOSE OF	,	b) Descr			
	EXPENDITURE	Fees			officeholder living	plete Schedule T.
				Bottom cc		, oxponed
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O					
┢						
l						

## 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 c	omplete th	is form.	(9-	,	,
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 1/9 Rpt: 7/17	McCauley, Michael	A. (Mr.)				00087799		
4 CREDIT CARD ISSUER		ncial institution n Express	5	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) C	Credit Card Issue	r Paid		
	\$866.00	01/03/2024						
7 PAYEE	(a) Payee name  Neeley's Printing		(b)	) Payee ad	ldress;	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b)	) Descripti	on			
EXPENDITURE	(See Categories listed at the top	of this schedule)	4)	k8 signs				
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	7 Check if Austin, TX.	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder		e so	ught		Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) C	Credit Card Issue	r Paid		
	\$15.52	01/07/2024						
PAYEE	(a) Payee name		(b)	) Payee ad	ldress;	City,	State,	Zip Code
	Lowes							
			T)	X				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	zi	p ties				
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 so	ught		Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s) C	Credit Card Issue	r Paid		
	\$29.37	01/21/2024						
PAYEE	(a) Payee name	<u> </u>	(b)	) Payee ad	ldress;	City,	State,	Zip Code
	Valero							
			T)					
PURPOSE OF	(a) Category		- 1	) Descripti				
EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	ga	as for U-h	naul			
X Political	Expense	nent & related						
Non-Political	<b>—</b>	of Texas. Complete Schedule T.	-	Γ	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e so	ught		Office held		
1								

## 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	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 2/9 Rpt: 8/17	McCauley, Michael	A. (Mr.)			00087799		
4 CREDIT CARD ISSUER	1	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
	\$15.46	01/22/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Silverado Smokeho	ouse	TX				
8 PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top			Integrity mtg			
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
	\$30.25	01/19/2024					
PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code
	Boathouse Bar & G	rill					
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	Food/Beverage Expe		CBRC m	eeting			
X Political							
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
	\$100.00	01/06/2024					
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
	Facebook						
	- Lacobook		TX				
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	NY post				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX.	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	·	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officerolder/Folitica	· ·	ruction Guide explains how	to complete		TILK (enter a catego	ry not listed a	bove)
1	Total pages Schedule F4:		·	· ·		3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 3/9 Rpt: 9/17	McCauley, Michael	A. (Mr.)			00087799		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$30.27	01/14/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Lowes		TX				
8	PURPOSE OF	(a) Category		(b) Descrip	otion			
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	zip ties	Juon			
	X Political	Advertising Expense		2.0 0.00				
	Non-Political	() <b>—</b>						
Ļ	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	pense	
9 ء	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onice	5 Sought		Office field		
Ĕ	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$7.68	01/19/2024	(6) 2 416 (6)				
H	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Google						
l				TX				
H	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	website f	ee			
	X Political	Advertising Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$5.92	01/19/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Doc's Seafood						
L				TX				
	PURPOSE OF	(a) Category	of this cabadula)	(b) Descrip				
	EXPENDITURE —	(See Categories listed at the top Food/Beverage Expe	,	Barefoot	Mardi Gras kicko	off		
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Γ								

## 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 this f	orm.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)		
Sch: 4/9 Rpt: 10/17	McCauley, Michael	A. (Mr.)			00087799				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UEXPENDITUE CHARGED CARD		\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid				
	\$155.88	01/05/2024							
7 PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code		
	Neeley's Printing								
	(-) 0-1		TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description 2 banners						
X   Political	Advertising Expense		2 barriers						
Non-Political	() <b>[</b>								
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	check if Austin, TX,	officeholder living exp Office held	ense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	marile Office	e sought		Office field				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid				
	\$50.00	01/05/2024							
PAYEE	(a) Payee name	l	(b) Payee addr	ess;	City,	State,	Zip Code		
	Barefoot Mardi Gra	S							
			TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
X Political	Advertising Expense	or the seriously	2 tkts to kicko	ЭΠ					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid				
	\$672.99	01/19/2024							
PAYEE	(a) Payee name	I	(b) Payee addr	ess;	City,	State,	Zip Code		
	Cult Cooot Mailing								
	Gulf Coast Mailing								
			TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	otaga Fab 7tl	h fundraisar				
X Political	Event Expense	,	invitations/postage Feb 7th fundraiser						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		heck if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
experiulture to beliefft 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above)

	The Insti	ruction Guide explains how	to complete thi	is form.		.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 5/9 Rpt: 11/17	McCauley, Michael	A. (Mr.)			00087799		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$184.03	01/19/2024					
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	Gulf Coast Mailing		TX				
8 PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE	(See Categories listed at the top	of this schedule)	push cards				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$197.75	01/06/2024					
PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code
	Tractor Supply						
			TX				
PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	T-posts & z	zip ties			
X Political	Advertising Expense						
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 Office	e sought		Office held		
expenditure to benefit C/OH	(a) A managed Observation	(l-) D-+ + Ol	(-) D-+-(-) C	)	. D. H		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1				
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 (Ethi	cs Commiss	sion Filers)
Sch: 6/9 Rpt: 12/17	McCauley, Michael	A. (Mr.)			00087799		
4 CREDIT CARD ISSUER		ncial institution al One	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$163.27	01/21/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	U-Haul		TX				
8 PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE  X Political	(See Categories listed at the top Transportation Equipr Expense		Uhaul for sign install				
Non-Political		of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	oense	
9 Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$96.36	01/14/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	U-Haul						
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	•	(b) Description Uhaul for sign install				
X Political	Transportation Equipr Expense						
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$150.96	01/07/2024					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	LLLloud						
	U-Haul						
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
l <u>—</u>	Transportation Equipr	*	U-haul for	sign installation			
X Political	Expense						
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
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 this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 7/9 Rpt: 13/17	McCauley, Michael	A. (Mr.)		00087799		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$95.26	01/12/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Gulf Coast Mailing		TX			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	push cards			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>			
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held		
expenditure to benefit C/OH			3			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political	<u> </u>					
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		000		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	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 (Ethics Commission Filers)							
Sch: 8/9 Rpt: 14/17	McCauley, Michael	A. (Mr.)			00087799				
4 CREDIT CARD ISSUER		ncial institution		F UNITEMIZED	\$				
ISSUER	Elan Financial Services  EXPENDITURES CHARGED TO A CRED CARD								
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
	\$35.00	01/17/2024							
7 PAYEE	(a) Payee name	(b) Payee ad	ldress;	City, S	State,	Zip Code			
	American Legion								
			TX						
8 PURPOSE OF	(a) Category		(b) Description	on					
EXPENDITURE	(See Categories listed at the top	of this schedule)	tkt to event						
X Political									
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9 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) C	redit Card Issuer	· Paid				
TATMENT	(a) Amount Charged	(b) Date of Gharge	(c) Date(3) C	redit Cara issuei	Taid				
PAYEE	(a) Payee name	(b) Payee ad	ldress;	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE									
Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.							
Complete ONLY if direct	Candidate/Officeholder	name Offic	ice sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid				
PAYEE	(a) Payee name		(b) Payee ad	ldress:	City,	State,	Zip Code		
	(cy r ay co name			,	J.19,				
			(b) Description						
PURPOSE OF EXPENDITURE	1 1 7 9 7			on					
Political	Political								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.									
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
expenditure to benefit C/OH									
l									

## 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/Officeholder/Politica		rices Sal ruction Guide explains how				THER (enter a catego	ory not listed at	bove)
1 Total pages Schedule F4:		Tuction Guide explains now	V 10 C	mpiete	uns ioini.	3 Filer ID (Eth	ice Commiss	cion Eilore)
Sch: 9/9 Rpt: 15/17					00087799	ics Commiss	Sion Filers)	
		McCauley, Michael A. (Mr.)  Name of financial institution  5 TOTAL C						
4 CREDIT CARD ISSUER			1 -		. OF UNITEMIZED IDITURES	\$		
	Citi	bank		CHAR(	GED TO A CREDIT			
6 PAYMENT	(a) Assessed Channel (b) Bata of Channel				) Credit Card Issue	r Doid		
O PATIMENT	(a) Amount Charged	(b) Date of Charge	(6)	Dale(S	) Credit Card Issue	ri Faiu		
	\$660.32	01/18/2024						
7 PAYEE	(a) Payee name		(h)	Pavee	address;	City,	State,	Zip Code
	(a) rayce name			i ayee	ddaress,	Oity,	Otato,	Zip Oode
	Neeley's Printing							
			T	(				
8 PURPOSE OF	(a) Category		(b)	Descri	ption			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	4x	8 sign	s			
X Political	Auvertising 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 Offic	e sou	ıght	_	Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	Date(s	) Credit Card Issue	er Paid		
	\$110.20	01/20/2024						
PAYEE (a) Payee name				Payee	address;	City,	State,	Zip Code
	Tractor Supply							
	Тискої Сарріу							
PURPOSE OF	(a) Category				ntion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	(b) Description t-posts					
X Political	Advertising Expense							
Non-Political	(a) 🗖 Observit formula sustaints	(c) Check if travel outside of Texas. Complete Schedule T.				-eela-la li de		
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder		e soi	ıaht	Check if Austin, 1X	, officeholder living ex Office held	pense	
expenditure to benefit C/OH		Tianic Onio	,0 000	agi it		Omeo neid		
experience to serious eyer.								

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE **G**

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Palaires/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Tatal marian Cabadula Cu	1	EU ED MANA	<u> </u>			١,	Files ID	(⊏tla: a	- Commission Filons)	
1	Total pages Schedule G: Sch: 1/2 Rpt: 16/17		FILER NAME McCauley,	= Michael A. (Mr.)			l -	Filer ID 000877	•	s Commission Filers)	
4	Date	5	Payee name				_				
	01/11/2024		American E	Express							
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip C	ode					
	\$624.83										
	Reimbursement from political contributions intended		TX								
8	PURPOSE	(a)	Category (S	ee Categories listed at the top of	this schedule)	(b) Description	Ch	neck if trave	l outside of	Texas. Complete Schedule T.	
	OF EXPENDITURE		Credit Card	l Payment			Ch	neck if Austi	eck if Austin, TX, officeholder living expense		
	EXPENDITORE					12/18/23 stmt					
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name		Office sought			Office	e held	
	Date		Payee name								
	01/04/2024		American E	Express							
	Amount (\$)		Payee addre	ss; City;	State; Zip C	ode					
	\$16.22										
	Reimbursement from political contributions intended		TX								
	PURPOSE		Category (S	ee Categories listed at the top of	this schedule)	Description	Ch	neck if trave	l outside of	Texas. Complete Schedule T.	
	OF EXPENDITURE		Credit Card	l Payment		12/12/23 stmt	Ch	neck if Austi	n, TX, offic	eholder living expense	
	2	Ļ									
	Complete ONLY if direct expenditure to benefit C/OH	Car	ididate/Office	holder name		Office sought			Office	e held	
	Date		Payee name								
	01/12/2024		American E								
	Amount (\$)		Payee addre	ss; City;	State; Zip C	ode					
	\$782.80										
	Reimbursement from political contributions intended		TX								
Т	PURPOSE	$\vdash$	Category (s	ee Categories listed at the top of	this schedule)	Description	Ch	neck if trave	I outside of	Texas. Complete Schedule T.	
	OF EXPENDITURE		Credit Card	l Payment			Ch	neck if Austi	n, TX, offic	eholder living expense	
	EXPENDITURE			-		12/18/23 stmt					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name		Office sought			Office	e held	

## 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

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co		Food/Beverage Expense Pol Gift/Awards/Memorials Expense Pri		Polling Ex Printing E	rolling Expense rainting Expense alaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.					
1	Total pages Schedule G:	2 FILER NAMI	Ī			3	iler ID	(Ethics Commissi	on Filers)	
	Sch: 2/2 Rpt: 17/17	McCauley,	Michael A. (Mr.)			(	000877	99		
4	Date	5 Payee name								
	01/09/2024	Barefoot M	ardi Gras							
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State	; Zip Co	ode					
	\$2,000.00									
	Reimbursement from political contributions									
	intended	TX								
8	PURPOSE OF	(a) Category (s	(b) Description Check if travel outside of Texas. Complete Schedule)							
	EXPENDITURE	Advertising	Expense		L	_		n, TX, officeholder living ex	cpense	
					sponsorship King	g & C	ueens	Dall		
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
9	expenditure to benefit	Candidate/Office	noidei name		Office Sought			Office field		
	C/OH									
	Date	Payee name								
	01/12/2024	Citibank								
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode					
	\$500.00									
	X Reimbursement from political contributions									
	intended	TX								
	PURPOSE OF	1	ee Categories listed at the top of this sch	nedule)	Description	=		outside of Texas. Comple		
EXPENDITURE Credit Card Payment			l Payment		L 12/10/22 at mat	Cne	CK IT AUSTIN	n, TX, officeholder living ex	kpense	
		12/19/23 stmt								
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit	ourididate/Onice	Holder Hame		Office Sought			Office field		
	C/OH									
	Date	Payee name								
	01/11/2024	Nueces Co	unty Republican Party`							
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode					
	\$500.00									
	Reimbursement from political contributions									
	intended	TX			_					
	PURPOSE OF	1	ee Categories listed at the top of this sch	nedule)	Description	=		outside of Texas. Comple n, TX, officeholder living ex		
EXPENDITURE Advertising Expense					L  Merry Christmas	_		i, 17, officerolder living e.	фензе	
					Therry Cilibulias	, ickl				
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit									
	C/OH									