JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00087799	,	2 Total page	es filed: 29
3 CANDIDATE /	MS / MRS / MR	FIRST	1 00001100	MI		
OFFICEHOLDER NAME	Mr.	Michael A.			OFFIC Date Received	E USE ONLY
						ICALLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
		McCauley				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ſY;	ZIP CODE	Date Hand-delive	red or Date Postmarked
OFFICEHOLDER MAILING	PO Box 6926					
ADDRESS					Receipt #	Amount
Change of Address	Corpus Christi, TX 78466					
					Date Processed	
					Data lana and	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER		Cecil				
NAME						
	NICKNAME	LAST			SUFFIX	
		Childers			00111/	
		ernidere				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE)	ΔΡ	T / SUITE #; CITY;		STATE; ZIP CODE
TREASURER	425 Santa Monica	BOX FLEASE),		1730ITE#, CITT,		STATE, ZIF CODE
ADDRESS	425 Santa Monica					
(Residence or Business)						
	Corpus Christi, TX 78411					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
TREASURER	(361) 947-0696					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff		er campaign treasurer (officeholder only)
	July 15	8th day before	election	Exceeded modified		(Attach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	т	HROUGH	02/24/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X F	Primary	Runoff	Other	
	03/05/2024					
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	None			District Judge Di	SINCE 28	
		GO T	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	V	ersion V3.5.1.9000c47

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 29

L

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 politica These expenditures may have been mad d officeholders are required to report this	le without the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUREI	R NAME	
		COMMITTEE CAMPAIGN TREASURE	RADDRESS	
16 CONTRIBUTION TOTALS	\$ 0.00			
		ICAL CONTRIBUTIONS		\$ 4,806.46
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	
TOTALS				\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 14,591.78
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$ 43,214.17		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	OANS AS OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT				
			der penalty of perjury, that the ac includes all information required on Code.	
			Mr. Michael A. McCauley	
		Si	gnature of Candidate or Officeho	blder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of	office.	
Signature of offic	cer administering oath	Printed name of officer administerin	ng nath Title of office	er administering oath
Signature of Olin	cer auministering batt			a daministering bath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.9000c47

FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 3 of 29 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00087799 McCauley, Michael A. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) 1. \$ 4,306.46 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 500.00 \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ З. 4. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 4,520.45 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 4,689.64 8. \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 5,381.69 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/29
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
McCauley, N	/ichael A. (Mr.)		00087799
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)
02/10/2024	Atkins, Robbi		\$200.00
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78411		
	Principal Occupation	9 Contributor's Job Title	
n/a		n/a	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
n/a			
12 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 (\$)
02/10/2024	Baker , Brenda		\$500.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78411		
	Principal Occupation	Contributor's Job Title	
attorney		attorney	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
self			
IT 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 (\$)
02/24/2024	Bates, Patricia		\$206.46
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418		
Contributor's	Principal Occupation	Contributor's Job Title	
n/a		n/a	
	employer/law firm	Law firm of contributor's sp	house (if any)
n/a			
	s a child, law firm of parent(s) (if any)		
L Forme provided	by Texas Ethics Commission www.ethic	rs state ty us	Version V3 5 1 9000c471

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/29			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
McCauley, N	1ichael A. (Mr.)		00087799			
4 Date	5 Full name of contributor Out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)			
02/24/2024	Beam, Patrick		\$500.00			
	6 Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78401					
8 Contributor's F	Principal Occupation	9 Contributor's Job Title				
attorney		attormey				
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)			
self						
12 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 (\$)			
02/24/2024	Braselton, Bart	/	\$150.00			
	Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78413					
	Principal Occupation	Contributor's Job Title				
builder		owner				
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (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 (\$)			
02/10/2024	Cassidy, Les		\$250.00			
	Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78403	-				
	Principal Occupation	Contributor's Job Title				
attorney	employer/law firm	attorney	20USO (if 20V)			
self	shipioyennaw him	Law firm of contributor's sp	Jouse (il any)			
	s a child, law firm of parent(s) (if any)					
Forme provided	hy Texas Ethics Commission www.ethi	cs state ty us	Version V3 5 1 9000c47			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/29			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
McCauley, N	1ichael A. (Mr.)		00087799			
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)			
02/24/2024	Dellinger, James		\$250.00			
	6 Contributor address; City; State; Zip Code		1			
	Corpus Christi, TX 78466					
8 Contributor's I	Principal Occupation	9 Contributor's Job Title				
n/a		n/a				
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)			
n/a						
12 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 (\$)			
02/10/2024	Edmonds, Erika		\$200.00			
	Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78414					
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	oouse (if any)			
n/a						
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 (\$)			
02/10/2024	Haas, Arthur		\$250.00			
	Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78411					
	Principal Occupation	Contributor's Job Title				
insurance		producer				
	employer/law firm	Law firm of contributor's sp	bouse (if any)			
Higginbotha						
If contributor is	s a child, law firm of parent(s) (if any)					
Forms provided	by Texas Ethics Commission www.ethic	cs state tx us	Version V3 5 1 9000c47			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/29
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
McCauley, N	/ichael A. (Mr.)		00087799
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)
02/10/2024	Hanna, Kelly		\$150.00
	6 Contributor address; City; State; Zip Code		
0 Operate il successioned	Corpus Christi, TX 78412	• O anticha da da Tala	
dentist	Principal Occupation	9 Contributor's Job Title dentist	
10 Contributor's e	omplovor/low firm	11 Law firm of contributor's sp	
self			Jouse (il any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/10/2024	Hanna, Norma	/	\$75.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78412		
Contributor's	Principal Occupation	Contributor's Job Title	
n/a		n/a	
	employer/law firm	Law firm of contributor's sp	oouse (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 (\$)
02/24/2024	Heath, Paul		\$200.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78412		
Contributor's I	I Principal Occupation	Contributor's Job Title	
retired		retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
n/a			
If contributor i	s a child, law firm of parent(s) (if any)	•	
Forms provided	by Texas Ethics Commission www.ethic	rs state ty us	Version V3 5 1 9000c47

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/29			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
McCauley, M	Iichael A. (Mr.)		00087799			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)			
02/05/2024	Holmgreen, John		\$100.00			
	6 Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78401					
8 Contributor's F	Principal Occupation	9 Contributor's Job Title				
retired		n/a				
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)			
n/a						
12 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 (\$)			
02/10/2024	McCutchon, Michael		\$250.00			
	Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78411					
Contributor's F	Principal Occupation	Contributor's Job Title				
dortor		doctor				
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)			
self						
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 (\$)			
02/10/2024	Rice, Stewart		\$100.00			
	Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78411					
	Principal Occupation	Contributor's Job Title				
attorney		attorney				
	employer/law firm	Law firm of contributor's sp	bouse (if any)			
self						
If contributor is	s a child, law firm of parent(s) (if any)					
L Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V3 5 1 9000c471			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/29			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
McCauley, N	lichael A. (Mr.)		00087799			
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)			
02/10/2024	Sedwick, James		\$100.00			
	6 Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78401					
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	pouse (if any)			
self						
12 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 (\$)			
02/05/2024	Sijansky, Randy		\$75.00			
	Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78411					
Contributor's I	l Principal Occupation	Contributor's Job Title	1			
n/a		n/a				
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)			
n/a						
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 (\$)			
02/10/2024	Simak, Ron		\$500.00			
	Contributor address; City; State; Zip Code					
	Corpus Christi, TX 78411					
Contributor's I	Principal Occupation	Contributor's Job Title	1			
attorney		attorney				
Contributor's e	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)					
L Forme provided	by Texas Ethics Commission www.ethi	cs state tx us	Version V3 5 1 9000c471			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 **1** Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 7/7 Rpt: 10/29 2 FILER NAME 3 Filer ID (Ethics Commission Filers) McCauley, Michael A. (Mr.) 00087799 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 02/05/2024 \$250.00 Wallace, Patricia 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401 Contributor's Principal Occupation 9 Contributor's Job Title 8 n/a n/a 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) n/a 12 If contributor is a child, law firm of parent(s) (if any)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A2: Sch: 1/1 Rpt: 11/29	
2	FILER NAME		3	3 Filer ID (Ethics Commission Filers)		
	McCauley, N	Michael A. (Mr.)		00087799		
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5	Date 02/07/2024	 Full name of contributor out-of-state PAC (ID#: Atkins, Robbi Contributor address; City; State; Zip Code Corpus Christi, TX 78411)	 8 Amount of contribution (\$) 9 In-kind contribution description \$500.00 Feb 7th fundraiser (preliminary estimate) Check if travel outside of Texas. Complete Sche 		
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)		
12 Contributor's principal occupation (FOR JUDICIAL) n/a			13 Contributor's job title (FOR JUDICIAL) (See instructions) n/a			
14	Contributor's n/a	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)	
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Loan Repaymer Fees Office Overhead Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense			ht/Reinbursement d/Rental Expense e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/2 Rpt: 12/29		McCauley, Michae	el A. (Mr.)					00087799	
4	Date	5	Payee name							
	02/13/2024		Murphy Nasica &	Associates						
6	Amount (\$)	7	Payee address;	City; Stat	e; Zip Co	ode				
	\$1,000.00									
			тх							
8	PURPOSE	(a)	Category (See Catego	ries listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expen	se					de of Texas. Comp	
									officeholder living	expense
		facebook ad design fee								
_	Complete ONILV if direct		Canadialata (Offica hala		Office cou				Office he	14
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ername	Office sou	ignt			Office he	10
	Date		Payee name							
	02/07/2024		Murphy Nasica &	Associates						
	Amount (\$)		Payee address;	City; Stat	e; Zip Co	nde				
	\$3,500.00		. aj co ada. coo,		.o,p oc					
	\$3,300.00									
			тх							
	PURPOSE	(a)	Category (See Catego	ries listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Advertising Exper						de of Texas. Comp	
									officeholder living	expense
							FB ad fee/co	nsu	lting fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholde	er name	Office sou	ıght			Office he	ld
	Date		Payee name							
	02/10/2024		PayPal							
	Amount (\$)		Payee address;	City; Stat	e; Zip Co	nde				
	\$7.72		r dyce dddress,	City, Stat	.с, <i>2</i> iр сс	Juc				
	Ψ1.12									
			TV							
			ТХ							
	PURPOSE	(a)	Category (See Catego	ries listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		Fees						de of Texas. Comp	
								, TX,	officeholder living	expense
							Dellinger			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholde	er name	Office sou	ight			Office he	ld
-										

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

		EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	Event Exp Fees Food/Beve		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Trai Trav	citation/Fundraisin nsportation Equips vel in District vel Out of District		Expense
	Candidate/Officeholder/Politica	I Committee Legal Serv	vices	Salaries/Wages/Contract Labor	OTH	HER (enter a cate	gory not listed at	oove)
-	Total pages Cabadula E4			low to complete this form.			thian Commiss	ion Filoro)
1	Total pages Schedule F4:		A (NA#)			3 Filer ID (E	inics Commiss	ion Fliers)
	Sch: 1/13 Rpt: 14/29	McCauley, Michael				00087799		
4	CREDIT CARD		ncial institution	5 TOTAL OF UNITEM EXPENDITURES		\$		
		Capit	al One	CHARGED TO A CE CARD	REDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$75.00	02/09/2024					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Coastal Bend Repu	ublican					
		Coastal Denu Rept	Dican					
_				TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description tkt to NCRP gala				
		Event Expense		IN IO NORF Yala				
	X Political							
_	Non-Political		of Texas. Complete Schedule		stin, TX, o	officeholder living office	expense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	office sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$153.08	01/28/2024					
		Q100.00	01/20/2024					
	PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code
		U-Haul						
		0-naui						
				TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Transportation Equip		Uhaul for signs				
	X Political	Expense						
	Non-Political		of Texas. Complete Schedule		stin, TX, o	fficeholder living e	expense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	r name C	office sought		Office held		
C		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid		
		\$125.00						
		\$125.00	02/03/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Nueces County Re	publican Party					
				ТХ				
		(a) Category	of this schedule)	(b) Description				
		(a) Category (See Categories listed at the top Event Expense	of this schedule)					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	(b) Description				
		(See Categories listed at the top Event Expense (C) Check if travel outside	of Texas. Complete Schedule	(b) Description tkt to gala T. Check if Au	stin, TX, o	officeholder living e	expense	
	EXPENDITURE	(See Categories listed at the top Event Expense	of Texas. Complete Schedule	(b) Description tkt to gala	stin, TX, o	fficeholder living e Office held	expense	

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	avel in District avel Out of District	oment & Related E				
		The Inst	ruction Guide explains	how to complete this form.							
1	1 0	2 FILER NAME				3 Filer ID (E	Ethics Commiss	ion Filers)			
	Sch: 2/13 Rpt: 15/29	McCauley, Michael				00087799					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CR CARD	EXPENDITURES \$ CHARGED TO A CREDIT						
6	PAYMENT	(a) Amount Charged \$236.25	(b) Date of Charge 01/28/2024	(c) Date(s) Credit Card	Issuer	Paid					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		тх									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description								
		Transportation Equip	•	service for Uhaul							
	X Political	Expense									
	Non-Political (c) Check if travel outside of Texas. Complete Schedule 9 Complete ONLY if direct Candidate/Officeholder name C				stin, TX, o	officeholder living	expense				
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officenoider	Office sought		Office held						
С.		(a) Amount Charged	(c) Date(s) Credit Card	lssuer	Paid						
		\$79.40	(b) Date of Charge 02/13/2024		135001	T ald					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		Tractor Supply		ТХ							
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	T-posts							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Aus	stin, TX, d	officeholder living	expense				
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		Dffice sought		Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid					
		\$156.96	01/27/2024								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		Corona Tuxedo		тх							
	PURPOSE OF	(a) Category	of this schodulo)	(b) Description							
		(See Categories listed at the top Event Expense	or this schedule)	tux for gala							
	X Political	•									
	Non-Political		of Texas. Complete Schedule		stin, TX, o	officeholder living	expense				
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held					

	SCHEDULE F4			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Award d Committee Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T	iolicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 3/13 Rpt: 16/29	McCauley, Michael	A (Mr)		00087799
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED	
ISSUER		revious	EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
	\$250.00	02/09/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Ted Cruz Campaig	n		
			TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description tkt to luncheon	
X Political				
Non-Political (c) Check if travel outside of Texas. Complete Schedule				a, officeholder living expense
expenditure to benefit C/OH			ffice sought	Office held
PAYMENT	(a) Amount Charged \$112.20	(b) Date of Charge 02/13/2024	(c) Date(s) Credit Card Issue	er Paid
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	U-Haul			
			TX (b) Description	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Transportation Equipr		(b) Description Uhaul for signs	
Non-Political	Expense	of Taura Committee Cale adula		
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought	c, officeholder living expense Office held
expenditure to benefit C/OH	Candidate, Oniceriolaei	iname o	ance sought	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er 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	т.	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	Office sought	Office held
expenditure to benefit C/OH				

		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)							
Acco Con Con	ertising Expense ounting/Banking sulting Expense tributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trans Travel Travel	in District	oment & Related E				
			ruction Guide explains h	ow to complete this form.							
	l pages Schedule F4:				3 Filer ID (Ethics Commission Filers)						
Sch	: 4/13 Rpt: 17/29	McCauley, Michael	A. (Mr.)		0	0087799					
4 CRE ISSU	DIT CARD JER		ncial institution bank	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$						
6 PAY	MENT	(a) Amount Charged \$125.66	(b) Date of Charge 02/15/2024								
7 PAY	ΈE	(a) Payee name Neeley's Printing		(b) Payee address;		City,	State,	Zip Code			
		TX (b) Description									
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)				t-shirts							
x	Political	Advertising Expense									
Non-Political (C) Check if travel outside of Texas. Complete Schedule				T Dobashi i Aus		la - la la là dia -					
9 Com	plete <u>ONLY</u> if direct	ffice sought		ceholder living	expense						
	diture to benefit C/OH	Candidate/Officeholder		line oougin							
PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer P	aid					
		\$49.45	02/01/2024								
PAY	ΈE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code			
		Barefoot Mardi Gra	S	ТХ							
PUR	RPOSE OF	(a) Category		(b) Description							
EXP X	PENDITURE Political	(See Categories listed at the top Fees	of this schedule)	gala tkt							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	stin, TX, offi	ceholder living	expense				
	plete <u>ONLY</u> if direct diture to benefit C/OH	Candidate/Officeholder		ffice sought		Office held					
PAY	MENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer P	aid					
		\$110.20	01/27/2024								
PAY	ΈE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		Tractor Supply									
	POSE OF	(a) Category		TX (b) Description							
	POSE OF	(See Categories listed at the top	of this schedule)	t-posts							
x	Political	Advertising Expense									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aus	stin. TX offi	ceholder living	expense				
Com						-					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held xpenditure to benefit C/OH										

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	licitation/Fundraisi ansportation Equip avel in District avel Out of District THER (enter a cate	ment & Related E				
		-		how to complete this form.		,		,			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	ion Filers)			
	Sch: 5/13 Rpt: 18/29	McCauley, Michael	A. (Mr.)			00087799					
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDITURES	CHARGED TO A CREDIT						
6	PAYMENT	(a) Amount Charged \$110.20	(b) Date of Charge 01/28/2024	(c) Date(s) Credit Card	d Issuer	Paid					
7	PAYEE	(a) Payee name Tractor Supply		(b) Payee address;		City,	State,	Zip Code			
		TX									
8	PURPOSE OF EXPENDITURE	(b) Description t-posts									
	X Political	1-00313									
	Non-Political		ustin, TX, (officeholder living	expense						
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	Office sought		Office held						
	PAYMENT	(c) Date(s) Credit Car	d Issuer	Paid							
		\$110.20	02/08/2024								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		Tractor Supply		Тх							
⊢	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	t-posts							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if A	ustin, TX, (officeholder living	expense				
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Dffice sought		Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid					
		\$250.00	02/13/2024								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
	Corpus Christi Bar Association			ТХ							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
	X Political	Advertising Expense		sponsorship fish fry	/						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if A	ustin, TX, o	officeholder living	expense				
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held					

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundrais Transportation Equi		Typense				
Consulting Expense Contributions/ Donations Made B	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of Distric		_,,poneo				
Candidate/Officeholder/Politic			Salaries/Wages/Contract Labor	aries/Wages/Contract Labor OTHER (enter a category not listed above)						
	The Inst	ruction Guide explains h	now to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)				
Sch: 6/13 Rpt: 19/29	McCauley, Michael	A. (Mr.)		00087799						
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZ							
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRE	\$						
			CARD							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
	\$292.28	02/15/2024								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Neeley's Printing									
			ТХ							
8 PURPOSE OF	(a) Category	(b) Description								
EXPENDITURE	(See Categories listed at the top	of this schedule)	signs							
X Political	Advertising Expense									
Non-Political	(C) Check if travel outside	T. Check if Austin	n, TX, officeholder living	g expense						
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	ffice sought	Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
	\$487.12	02/01/2024								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Neeley's Printing									
			ТХ							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	signs							
X Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living	g expense					
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid						
	\$98.90	01/27/2024								
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Danafa at Mandi Cua	_								
	Barefoot Mardi Gra	S								
			ТХ							
PURPOSE OF	(a) Category	of this schodule)	(b) Description							
	(See Categories listed at the top Fees	or this schedule)	2 tkts to gala							
X Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living	g expense					
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held						
expenditure to benefit C/OH										

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Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award I Committee Legal Serv	erage Expense s/Memorials Expense rices	Loan Repayment/Re Office Overhead/Rer Polling Expense Printing Expense Salaries/Wages/Con	imbursement ital Expense tract Labor	Solicitation/Fundraisin Transportation Equipn Travel in District Travel Out of District OTHER (enter a categ	ient & Related I	
	The Inst	ruction Guide explains l	how to complete the	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
Sch: 7/13 Rpt: 20/29	McCauley, Michael	A. (Mr.)			00087799		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL	OF UNITEMIZ	ED		
ISSUER	America	n Express		DITURES ED TO A CRE	DIT \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Is	suer Paid		
	\$108.24	02/20/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	U-Haul		ТХ				
8 PURPOSE OF	(a) Category	(b) Descript	ion				
EXPENDITURE	(See Categories listed at the top	uhaul					
X Political	Transportation Equipr Expense	ment & Related					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет. Г	Check if Austir	n, TX, officeholder living e	xpense	
9 Complete ONLY if direct Candidate/Officeholder name			Office sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Is	suer Paid		
	\$300.00	02/06/2024	(0) = 200 (0)				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Nueces County Republican Party						
			ТХ				
PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	NCRP dinner program ad				
X Political	Advertising Expense						
Non-Political		of Tourse, Oommister Ookseluis			TV official claim lines of		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	Diffice sought		n, TX, officeholder living e Office held	xpense	
Complete ONLY if direct	Canuluale/Onicenoluer	name C	Sought		Office field		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Is	suer Paid		
	\$23.26	02/20/2024					
PAYEE	(a) Payee name	1	(b) Payee a	ddress:	City,	State,	Zip Code
=	(a) i ayee name		(b) Tayee a	uurc33,	City,	State,	
	Stripes						
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	Transportation Equip		gas for uh	aul			
X Political	Expense						
Non-Political (c) Check if travel outside of Texas. Com			ет. Г	Check if Austir	n, TX, officeholder living e	xpense	
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	-	Office held		
expenditure to benefit C/OH							

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		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Awards	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	avel in District avel Out of Distric	pment & Related E				
			ruction Guide explains l	how to complete this form.							
1	1 0	2 FILER NAME					Ethics Commiss	ion Filers)			
	Sch: 8/13 Rpt: 21/29	McCauley, Michael				00087799					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	EXPENDITURES \$ CHARGED TO A CREDIT						
6	PAYMENT	(a) Amount Charged \$70.34	(b) Date of Charge 01/28/2024	(c) Date(s) Credit Card							
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		Sunoco		TX							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description								
		Transportation Equipr	gas for uhaul								
	Non-Political	Expense	of Taura Complete Cale dula		-tin TV	- 46 la - la la villa de s					
				Diffice sought	stin, TX,	officeholder living Office held	expense				
	expenditure to benefit C/OH										
-	PAYMENT	(c) Date(s) Credit Card	Issuer	Paid							
		(a) Amount Charged \$28.82	(b) Date of Charge 02/09/2024								
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		Harrisons Landing		тх							
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expended		Cron event							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	stin, TX,	officeholder living) expense				
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer	Paid					
		\$20.00	02/12/2024								
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code			
		Nueces County Re	publican	ТХ							
	PURPOSE OF	(a) Category		(b) Description							
	EXPENDITURE	(See Categories listed at the top	of this schedule)	tkt to meeting							
	X Political	Event Expense									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	stin, TX,	officeholder living	expense				
	Complete ONLY if direct	Candidate/Officeholder		Dffice sought		Office held					
e	expenditure to benefit C/OH										

Forms provided by Texas Ethics Commission

	EXPE	ENDITURE CATEGOR	RIES FOR BOX 1	.0(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	y - Gift/Awards al Committee Legal Serv	erage Expense s/Memorials Expense	Loan Repayment/Re Office Overhead/Rer Polling Expense Printing Expense Salaries/Wages/Con	ntal Expense Tra Tra tract Labor OT	Dicitation/Fundraising ansportation Equipm avel in District avel Out of District THER (enter a categ	ent & Related I				
1. Total years Oak adula E4.	i		now to complete th			ier Commission				
1 Total pages Schedule F4:		A (A.4			3 Filer ID (Eth	lics Commiss	aon Filers)			
Sch: 9/13 Rpt: 22/29	McCauley, Michael				00087799					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid							
	\$110.20	02/18/2024								
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
	Tractor Cupply									
	Tractor Supply									
	(a) Category	TX								
8 PURPOSE OF EXPENDITURE	(b) Descript	tion								
	(See Categories listed at the top Advertising Expense	t-posts								
X Political										
Non-Political	eT.	Check if Austin, TX,	officeholder living ex Office held	kpense						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	(a) Amount Charged	(c) Date(s)	Credit Card Issue	r Paid						
	(0) Dute(3)	orean oura issuel								
	\$7.68	02/18/2024								
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code			
	Google									
			тх							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript							
	Advertising Expense	or this scheduley	website fe	e						
X Political										
Non-Political		of Texas. Complete Schedule		Check if Austin, TX,		kpense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Data(c)	Credit Card Issue	r Daid					
			(C) Date(S)	Credit Card Issuer	i Faiu					
	\$32.25	02/23/2024								
PAYEE	(a) Payee name		(b) Payee a	address:	City,	State,	Zip Code			
				aan 666,	ony,	Otato,				
	Boathouse Bar & G	Frill								
			тх							
PURPOSE OF	(a) Category		(b) Descript	tion						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	NCRC mt	g						
X Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	ет. [Check if Austin, TX,	officeholder living ex	kpense				
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
expenditure to benefit C/OH										

Advertising Expense	Event Exp	ENDITURE CATEGOR	Loan Repayment/Reimburse		licitation/Fundraisir		_			
Accounting/Banking Consulting Expense Contributions/ Donations Made By		erage Expense ds/Memorials Expense	Office Overhead/Rental Expe Polling Expense Printing Expense	Tra	ansportation Equip avel in District	ment & Related E	Expense			
Candidate/Officeholder/Politica	al Committee Legal Serv		Salaries/Wages/Contract Lab		avel Out of District HER (enter a cate	gory not listed at	oove)			
	i	truction Guide explains h	ow to complete this form							
1 Total pages Schedule F4:					3 Filer ID (E	thics Commiss	sion Filers)			
Sch: 10/13 Rpt: 23/29	McCauley, Michael				00087799					
4 CREDIT CARD ISSUER		incial institution	5 TOTAL OF UN EXPENDITUR		\$					
		revious	CHARGED TO CARD		*					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid					
	\$10.83	01/31/2024								
7 PAYEE	(a) Payee name		(b) Payee addres	S;	City,	State,	Zip Code			
	Silverado Smokeho	ouse								
			ТХ							
8 PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description							
Food/Beverage Expense			EIP mtg							
X Political										
Non-Political (c) Check if travel outside of Texas. Complete Schedule 1 Complete ONLY if direct Candidate/Officeholder name Of				ck if Austin, TX, o	officeholder living e	expense				
9 Complete <u>ONLY</u> if direct	ffice sought		Office held							
expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit	Card Issuer	Daid					
PATMENT		.,	(c) Date(s) Credit	Caru Issuer	Palu					
	\$25.00	01/31/2024								
PAYEE	(a) Payee name		(b) Payee address	S;	City,	State,	Zip Code			
	Coastal Bend Wom	nen Lawver								
		,	ТХ							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Event Expense	o of this schedule)	tkt to DA forum							
X Political	Event Expense									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Cheo	ck if Austin, TX, o	officeholder living e	expense				
Complete ONLY if direct	Candidate/Officeholde	r name O	ffice sought		Office held					
expenditure to benefit C/OH				0	D : I					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid					
	\$44.02	02/20/2024								
PAYEE	(a) Payee name		(b) Payee addres	s;	City,	State,	Zip Code			
	U-Haul									
PURPOSE OF	(a) Category		TX (b) Description							
EXPENDITURE	(See Categories listed at the top	,	uhaul							
X Political	Transportation Equip	ment & Related								
Non-Political		of Texas. Complete Schedule	T. Che	ck if Austin. TX of	officeholder living e	expense				
Complete ONLY if direct	Candidate/Officeholde		ffice sought		Office held					
expenditure to benefit C/OH			-							

		EXPE	ENDITURE CATEGOR	RIES FOR BOX	10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Awards	rage Expense s/Memorials Expense ices	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense Ti Ti Dintract Labor O	olicitation/Fundraising ransportation Equipm ravel in District ravel Out of District THER (enter a catego	ent & Related I				
			ruction Guide explains l	how to complete	this form.	1					
1	Total pages Schedule F4:					3 Filer ID (Eth	ics Commiss	sion Filers)			
	Sch: 11/13 Rpt: 24/29	McCauley, Michael				00087799					
4	CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED	\$					
	ISSOEN	see pi	revious		CHARGED TO A CREDIT						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid					
		\$355.00	02/21/2024								
7	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code			
		Dodro Jolond Duoin									
		Padre Island Busine	ess Assn								
		(a) Category	TX								
8	PURPOSE OF EXPENDITURE	(b) Descrip	ption b newsletter								
	_	of this schedule)	au ior Fe	DTIEWSIEllei							
	X Political										
L	Non-Political	eT.	Check if Austin, TX	, officeholder living ex Office held	pense						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
		(a) Amount Charged	(c) Date(s)) Credit Card Issue	r Paid						
				(0) Duic(3)							
		\$18.41	02/12/2024								
	PAYEE	(a) Payee name (b)		(b) Payee	address;	City,	State,	Zip Code			
		Sunoco									
				ТХ							
	PURPOSE OF	(a) Category	of this cohodulo)	(b) Descri							
		(See Categories listed at the top Transportation Equipr		gas for u	haul						
	X Political	Expense									
	Non-Political		of Texas. Complete Schedule		Check if Austin, TX,	, officeholder living ex	pense				
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
e	xpenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dato(c)) Credit Card Issue	vr Doid					
	FATMENT			(c) Dale(s) Credit Card Issue	i Faiu					
		\$487.13	02/15/2024								
	PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code			
		(a) r ayee hame		(5) 1 4,000	uuurooo,	ony,	Olulo,	2.0 0000			
		Gulf Coast Mailing									
				тх							
	PURPOSE OF	(a) Category		(b) Descri							
		(See Categories listed at the top Advertising Expense	of this schedule)	5000 pus	sh cards						
	X Political										
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin, TX,	, officeholder living ex	pense				
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held					
e	xpenditure to benefit C/OH										

			RIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees Food/Beve	ense erage Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense	Solicitation/Fundra Transportation Eq Travel in District	aising Expense uipment & Related I	Expense				
Contributions/ Donations Made B Candidate/Officeholder/Politica	/ - Gift/Award	ls/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out of Dist	rict ategory not listed al	oove)				
	The Inst	ruction Guide explains	how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commiss	sion Filers)				
Sch: 12/13 Rpt: 25/29	McCauley, Michael	l A. (Mr.)		00087799	9					
4 CREDIT CARD ISSUER	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES	ZED S						
ISSUER	see p	revious	CHARGED TO A CRI CARD							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid						
	\$30.27	01/28/2024								
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Lowes									
		ТХ								
8 PURPOSE OF	(a) Category	(b) Description								
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	zip ties							
X Political										
Non-Political	(C) Check if travel outside	e T. Check if Aust	in, TX, officeholder livi	ng expense						
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name (Office sought	Office hel	d					
expenditure to benefit C/OH	(a) Amount Chargod	(b) Data of Charge	(c) Date(s) Credit Card I	couor Daid						
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card I	SSUEL Palu						
	\$92.40	02/09/2024								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Hardknocks									
			ТХ							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top		PIBA luncheon							
X Political	Food/Beverage Expe	iise								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T. Check if Aust	in, TX, officeholder livi	ng expense					
Complete ONLY if direct	Candidate/Officeholder	r name (Office sought	Office hel	d					
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	couor Daid						
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	SSUEL Palu						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	of this schedule)	(3) 2000101011							
Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	le T.							
Complete <u>ONLY</u> if direct	Candidate/Officeholder	r name C	Office sought	Office hel	d					
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURES MADE BY CREDIT CARD

Forms provided by Texas Ethics Commission

		EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve Gift/Awards	ense rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	licitation/Fundraisin ansportation Equipr avel in District avel Out of District HER (enter a categ	ment & Related E			
		The Instr	ruction Guide explains l	how to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 13/13 Rpt: 26/29	McCauley, Michael	A. (Mr.)	00087799						
4	CREDIT CARD ISSUER		ncial institution ase	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD		\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer	Paid				
		\$16.23 02/13/2024								
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		Amazon.com								
<u> </u>	PURPOSE OF	TX (b) Description								
8	EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	deposit stamp						
	X Political	Accounting/Banking								
	Non-Political		ustin, TX, o	officeholder living e	xpense					
9 е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Office sought		Office held						
	PAYMENT	(a) Amount Charged	a) Amount Charged (b) Date of Charge			Paid				
		\$87.66	02/07/2024							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
		A								
		Amazon.com								
				ТХ						
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description						
		Advertising Expense	of this schedule)	candy for parade						
	X Political	ů i								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if A	ustin, TX, (officeholder living e	xpense			
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing f	payment/Reimbursement verhead/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)	
1 Total pages Schedule G: Sch: 1/3 Rpt: 27/29	2 FILER NAME McCauley, Michael A. (Mr.)	:	3 Filer ID (Ethics Commission Filers) 00087799	
4 Date 02/12/2024	5 Payee name American Express			
6 Amount (\$) \$1,082.41 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
Date 02/20/2024	Payee name American Express			
Amount (\$) \$23.20 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	penditure to benefit			
Date 02/12/2024	Payee name American Express			
Amount (\$) \$100.00	Payee address; City; State; Zip Code 00.00			
X Reimbursement from political contributions intended	тх			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	expenditure to benefit			

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing Ex	ayment/Reimbursement rhead/Rental Expense pense States Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District /ages/Contract Labor	·	
1	Total pages Schedule G: Sch: 2/3 Rpt: 28/29	2 FILER NAME McCauley, Michael A. (Mr.)	3 Filer ID (Ethics Commissi 00087799	ion Filers)	
4	Date 02/16/2024	5 Payee name American Express			
6	Amount (\$) \$433.90 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living exstmt 1/23		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date	Payee name			
	02/13/2024	Capital One			
	Amount (\$) \$493.92	Payee address; City; State; Zip Code			
	X political contributions intended	тх			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living ex stmt 1/19		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	penditure to benefit			
F	Date	Payee name			
	02/14/2024	Chase			
	Amount (\$) \$90.40	0.40 Payee address; City; State; Zip Code			
	X Reimbursement from political contributions intended	тх			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living ex stmt 1/18		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Exp / - Gift/Awards/Memorials Expense Printing E	bayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense kpense Travel in District xpense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 3/3 Rpt: 29/29	2 FILER NAME McCauley, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087799		
4	Date 02/14/2024	5 Payee name Citibank			
6	Amount (\$) \$852.86 Reimbursement from political contributions	7 Payee address; City; State; Zip Code			
8	PURPOSE OF EXPENDITURE	TX (a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense stmt 1/19		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
	Date 01/31/2024	Payee name College Republicans			
	Amount (\$) \$100.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation of food for meeting		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held				
	Date 01/30/2024	Payee name Steve Ray Associates			
	Amount (\$) \$2,205.00				
	X Reimbursement from political contributions intended	тх			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		