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 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Michael A. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** McCauley CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 6926 MAILING Receipt # Amount **ADDRESS** 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 January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 X General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None Nueces District Judge District 28th

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	McCauley, Michael A	. (Mr.)	14 Filer ID 00087799	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with d officeholders are required to report this inform	nout the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	ΛΕ	
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER 1 ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 1,430.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 24,888.48
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THRIOD	HE LAST DAY OF THE	\$ 30,144.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	es all information required	
		Mı	. Michael A. McCauley	
		Signatu	re of Candidate or Officeho	older
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office		
Signature of office	er administering oath	Printed name of officer administering oat	h Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	COVER SHEET PG 3 3 of 20
18 FILER NAME McCauley, Michael A. (Mr.) 19 Filer 000	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 1,430.00
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	\$ 14,500.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,640.98
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 7,747.50
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	\$

MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains ho	w to complete this 1	form.	1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/20
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
McCauley, N	⁄lichael A. (Mr.)			00087799
4 Date 03/28/2024	5 Full name of contributor Agan, Barbara6 Contributor address; City;	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$100.00
	Corpus Christi, TX			
8 Contributor's I	Principal Occupation		9 Contributor's Job Title	L
retired				
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if	any)		
	T =			1
Date 03/04/2024	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$250.00
03/04/2024	Bruun, Lance Contributor address; City;	State; Zip Code		, φ230.00
	Corpus Christi, TX			
	Principal Occupation		Contributor's Job Title	
attorney			attorney	
Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/03/2024	Buck, Susan	_		\$30.00
	Contributor address; City;	State; Zip Code		
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	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)		

MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains how	w to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/20
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
McCauley, N	Michael A. (Mr.)			00087799
4 Date 03/28/2024	5 Full name of contributor Holmgreen, John6 Contributor address; City; S	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$250.00
	Corpus Christi, TX 78401	L		
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	
retired				
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if	any)		
Date	Full name of contributor	out-of-state PAC (ID#:	\	Amount of Contribution (\$)
03/04/2024	McDonald Atkins	U out-oi-state PAC (ID#.		\$250.00
	Contributor address; City; S	State; Zip Code		
	Corpus Christi, TX			
Contributor's I	Principal Occupation		Contributor's Job Title	
Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)
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 (\$)
03/04/2024	O'Gorman, Colleen	_		\$300.00
	Contributor address; City; S	State; Zip Code		
	Corpus Christi, TX		T	
Contributor's I n/a	Principal Occupation		Contributor's Job Title	
Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)
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 how to complete this	1	otal pages Schedule A(J)1: ch: 3/3 Rpt: 6/20	
2	FILER NAME			1	ler ID (Ethics Commission Filers)
_		Aichael A. (Mr.)			0087799
4	Date 03/28/2024	5 Full name of contributor out-of-state PAC (ID#	:)	7 Ar	mount of Contribution (\$) \$250.00
	03/20/2024	Valls, Lawrence			\$250.00
	6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX			
8	Contributor's	l Principal Occupation	9 Contributor's Job Title	<u> </u>	
	business ow				
10	0 Contributor's employer/law firm 11 Law firm of contributor's spouse				(if any)
12	If contributor i	s a child, law firm of parent(s) (if 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 complete this for	rm.
1	Total pages Schedule F1: Sch: 1/1 Rpt: 7/20	2 FILER NAME McCauley, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087799
4	Date 03/01/2024	5 Payee name McCauley, Michael	
6	Amount (\$) \$12,500.00	7 Payee address; City; State; Zip Code	
8	PURPOSE	Corpus Christi, TX (a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense rsement for reported expenses paid by credit
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/29/2024	Payee name Murphy Nasica & Associates	
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code	
		TX	
	PURPOSE OF EXPENDITURE	The verticing Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

Candidate/Oniceriolden/Folitica	· ·	ruction Guide explains how	to complete th		TILN (enter a categor	y not listed ai	ove)
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	-		3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 1/9 Rpt: 8/20	McCauley, Michael	A. (Mr.)			00087799		
4 CREDIT CARD ISSUER	1	ncial institution Fargo	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$50.70	03/10/2024					
7 PAYEE	(a) Payee name U-Haul		(b) Payee a	ddress;	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		truck renta				
Non-Political		of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u></u>	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	r Paid		
	\$16.22	06/10/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Silverado Smokeho	ouse	TX				
PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE	(See Categories listed at the top			n club dinner			
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	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	r Paid		
	\$64.94	03/10/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Tractor Supply		TX				
PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	T-post rem	nover			
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	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	<u> </u>	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 Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
Sch: 2/9 Rpt: 9/20	McCauley, Michael	A. (Mr.)			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					
	\$116.00	03/09/2024								
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
	US Postal Service		TX							
8 PURPOSE OF	(a) Category		(b) Descripti	ion						
EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) PO Box rental Fees									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
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					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion						
Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1							
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) 0	Credit Card Issuer	[*] Paid					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	ion						
Political										
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.								
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complet	e this form.	(,	,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 3/9 Rpt: 10/20	McCauley, Michael	A. (Mr.)			00087799			
4 CREDIT CARD ISSUER		ncial institution n Express	EXPE	L OF UNITEMIZED INDITURES RGED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$48.25							
7 PAYEE	(a) Payee name Sunoco		(b) Paye	e address;	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Desc	ription				
EXPENDITURE (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense				uhaul				
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living e	xpense		
9 Complete ONLY if direct Candidate/Officeholder name Off					Office held			
expenditure to benefit C/OH			J					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date((s) Credit Card Issue	r Paid			
	\$67.78	03/18/2024						
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
	U-Haul							
			TX					
PURPOSE OF	(a) Category	7 01. 1 11.	(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		truck fo	r signs				
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged \$144.27	(b) Date of Charge 03/18/2024	(c) Date(s) Credit Card Issue	r Paid			
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
	U-Haul							
			TX					
PURPOSE OF	(a) Category	<i>(</i> 1)	(b) Desc					
EXPENDITURE	(See Categories listed at the top Transportation Equipr	•	truck re	ntal for signs				
X Political	Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	xpense		
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 Inst	ruction Guide explains how	to complete	this form.	(3 -	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 4/9 Rpt: 11/20	McCauley, Michael	A. (Mr.)			00087799		
4 CREDIT CARD ISSUER		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 Issue	r Paid		
	\$23.41	06/14/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Hardknocks		TX				
8 PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top		PIBA lun				
X Political	Food/Beverage Expe	nse					
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	<u> </u>	e sought	<u> </u>	Office held	<u> </u>	
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	r Paid		
	\$7.68	04/19/2024					
PAYEE	(a) Payee name (b) Payee address;			City,	State,	Zip Code	
	Google						
			TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
l <u> </u>	Advertising Expense	of this schedule)	website f	ree			
X Political							
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
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 Issue	r Paid		
	\$150.00	03/19/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Chamber of Comm	erce					
			TX				
PURPOSE OF	(a) Category		(b) Descrip	ption			
EXPENDITURE	(See Categories listed at the top	of this schedule)	tkt to Sta	te of County			
X Political	Event Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
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 -

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		s/wages/Contra complete thi:		THER (enter a catego	ry not listed at	oove)
1 Total pages Schedule F4:	2 FILER NAME	-		<u> </u>		3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 5/9 Rpt: 12/20	McCauley, Michael	A. (Mr.)				00087799		
4 CREDIT CARD ISSUER		ncial institution revious	5	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	\$50.97	03/16/2024						
7 PAYEE	(a) Payee name Sunoco			o) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF	(a) Category			o) Description	nn .			
EXPENDITURE	(See Categories listed at the top	of this schedule)	1	J-haul gas	711			
X Political	Transportation Equip	ment And Related	0-naui gas					
Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX.	, officeholder living exp	nense	
9 Complete ONLY if direct	Candidate/Officeholder		e so	L_ ought	Tonook ii 7 kaokiii, 17k,	Office held		
expenditure to benefit C/OH				· ·				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(0	c) Date(s) C	redit Card Issue	r Paid		
	\$164.50	04/13/2024						
PAYEE	(a) Payee name		(t	o) Payee ad	dress;	City,	State,	Zip Code
	Stationary Studio							
			TX					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	cards					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	, officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e so	ought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(0	c) Date(s) C	redit Card Issue	r Paid		
	\$7.68	06/19/2024						
PAYEE	(a) Payee name		(t	o) Payee ad	dress;	City,	State,	Zip Code
	Google							
			TX					
PURPOSE OF	(a) Category		(t	o) Descriptio	on			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	٧	vebsite fee	!			
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX,	, officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e so	ought	•	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 Commis	sion Filers)
	Sch: 6/9 Rpt: 13/20	McCauley, Michael	A. (Mr.)			00087799		
4	CREDIT CARD ISSUER		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	r Paid		
		\$16.22	05/20/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Silverado Smokeho	ouse	TX				
8	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top		republica				
l	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 ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held	-	
e	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$30.00	06/03/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		South Texas Alliand	ce					
L				TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
		Food/Beverage Expe		monthly	lunch			
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$95.00	03/03/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Coastal Bend Wom	ien Lawyer					
				TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•			
		Event Expense	of this schedule)	spring lu	ncheon			
	X Political							
L	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
\vdash	expenditure to benefit C/OH							
ı								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeriolder/Folitica		ruction Guide explains how	to complete		TIEN (enter a catego	ny not listed a	bove)
1	Total pages Schedule F4:		<u> </u>	•		3 Filer ID (Eth	ics Commiss	sion Filers)
	Sch: 7/9 Rpt: 14/20	McCauley, Michael	A. (Mr.)		00087799			
4	CREDIT CARD ISSUER	Name of final see pi	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$39.55	03/18/2024					
7	PAYEE	(a) Payee name	-	(b) Payee	address;	City,	State,	Zip Code
		U-Haul						
8	PURPOSE OF	(a) Category		(b) Descrip	otion			
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)		tal for signs			
l	X Political	Advertising Expense			tal for engine			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ev	nonco	
9	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	CHECK II Austili, 17,	Office held	pense	
	xpenditure to benefit C/OH			3 -				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$16.22	03/18/2024					
Г	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Silverado Smokeho	ouse					
				TX				
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descrip	otion			
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		event				
	X Political							
	Non-Political	(1)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid		
		\$7.68	03/19/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
l		Google						
		Coogic		TX				
	PURPOSE OF (a) Category			(b) Descrip				
	EXPENDITURE	(See Categories listed at the top of this schedule) Advertising Expense			ee			
	X Political							
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH								
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 Inst	ruction Guide explains how	to complete this f	orm.				
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME					cs Commiss	sion Filers)	
Sch: 8/9 Rpt: 15/20	McCauley, Michael	A. (Mr.)			00087799			
4 CREDIT CARD ISSUER	Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid			
	\$7.68	05/19/2024						
7 PAYEE	(a) Payee name	•	(b) Payee addr	ess;	City,	State,	Zip Code	
	Google		TX					
8 PURPOSE OF								
EXPENDITURE	(See Categories listed at the top	of this schedule)	(b) Description website fee					
X Political	Advertising Expense							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid			
PAYEE	(a) Payee name		(b) Payee addr	ess;	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	• • •	of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	dit Card Issuer	Paid			
PAYEE	(a) Payee name	,	(b) Payee addr	ess;	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.	ı					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought		Office held			
I								

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

Candidate/Officeholder/Politica		ces Sal ruction Guide explains how		OTHER (enter a category	not listed ab	ove)
1 Total pages Schedule F4:				3 Filer ID (Ethics	s Commiss	ion Filers)
Sch: 9/9 Rpt: 16/20	McCauley, Michael	Δ (Mr)		00087799		
4 CREDIT CARD ISSUER	Name of finar	ncial institution ase	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$16.23	03/13/2024	, , ,			
7 PAYEE	(a) Payee name Amazon.com		(b) Payee address;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Description deposit stamp			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense	
9 Complete ONLY if direct 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 Issue	r Paid		
	\$1,500.00	06/04/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Milestone Collaberative		TX			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Consulting Expense	of this schedule)	(b) Description June consulting fee			
X Political			<u> </u>			
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expe	nse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense ee Legal Services The Instruction Guide explains h		kpense /ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2 FIL	ER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 1/4 Rpt: 17/20	Мс	Cauley, Michael A. (Mr.)				00087799		
4	Date	5 Pay	ree name			1			
	04/11/2024		erican Express						
6	Amount (\$)	7 Pay	ree address; City; State;	Zip Co	de				
	\$2,655.69								
	Reimbursement from political contributions intended	TX							
8	PURPOSE	(a) Cat	egory (See Categories listed at the top of this sche	dule)	(b) Description	Cr	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Cre	edit Card Payment			Cł	neck if Austin, TX, officeholder living expense		
	LXI LINDITORE				stmt 3/18				
9	Complete ONLY if direct expenditure to benefit C/OH	Candida	ate/Officeholder name		Office sought		Office held		
	Date	Pay	ree name						
	03/13/2024	Ca	oital One						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,351.16								
	Reimbursement from political contributions intended	TX							
	PURPOSE	Cat	egory (See Categories listed at the top of this sche	dule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Cre	edit Card Payment			Cł	neck if Austin, TX, officeholder living expense		
					stmt 2/19				
	Complete ONLY if direct	Candida	ate/Officeholder name		Office sought		Office held		
	expenditure to benefit	Caridida	ate/Officerolder frame		Office sought		Office field		
	C/OH								
	Date	Pay	ree name						
	03/16/2024	Citi	bank						
	Amount (\$)	Pay	ree address; City; State;	Zip Co	de				
	\$1,634.01								
	Reimbursement from political contributions intended	TX							
	PURPOSE	Cat	egory (See Categories listed at the top of this sche	edule)	Description	_	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Cre	edit Card Payment			Cł	neck if Austin, TX, officeholder living expense		
					stmt 2/19				
		<u> </u>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate/Officeholder name		Office sought		Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	expense Wages/Contract Labor		Transportation Equipment & Related E Travel in District Travel Out of District OTHER (enter a category not listed ab	
			The Instruction Guide explains	now to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				1	Filer ID (Ethics Commission	n Filers)
	Sch: 2/4 Rpt: 18/20	McCauley,	Michael A. (Mr.)				00087799	
4	Date	5 Payee name						
	04/18/2024	l	rder of Police					
6	Amount (\$)	7 Payee addre	ss; City; State;	; Zip Co	ode			
	\$300.00							
	Reimbursement from							
	X political contributions intended	TX						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel outside of Texas. Complet	te Schedule T.
	OF	Advertising				=	neck if Austin, TX, officeholder living exp	
	EXPENDITURE	,	,poi.ioo		golf tournament	_ spor	nsorship	
							•	
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit				255 cougnit		200 11010	
	C/OH							
	Date	Payee name						
	03/15/2024	Nueces Co	unty Republican Party`					
	Amount (\$)	Payee addre	ss; City; State;	; Zip Co	ode			
	\$845.00							
	Reimbursement from							
	X political contributions intended	TX						
\vdash	PURPOSE		ee Categories listed at the top of this sch	iedule)	Description	Ch	eck if travel outside of Texas. Complet	te Schedule T.
	OF	Advertising		icauic)		_	eck if Austin, TX, officeholder living exp	
	EXPENDITURE	, avertising			text blast	_		
\vdash	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit							
	C/OH							
	Date	Payee name						
	03/15/2024	Nueces Co	unty Republican Party`					
	Amount (\$)	Payee addre	ss; City; State;	; Zip Co	ode			
	\$455.00							
	Reimbursement from							
	X political contributions intended	TX						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complet	te Schedule T.
	OF EXPENDITURE	Advertising				Ch	eck if Austin, TX, officeholder living exp	ense
	EXPENDITURE				text blast			
		Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH							
_	СОП							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E: Printing E Salaries/	Expense Wages/Contract Labor		Travel in District Travel in District Travel Out of District OTHER (enter a category not listed above)			
	oroan oara'i aymon		The Instruction Guide explain	s how to co	omplete this form.					
1	Total pages Schedule G:	2 FILER NAM	Ξ			3	Filer ID (Ethics Commission Filers	s)		
	Sch: 3/4 Rpt: 19/20	McCauley,	Michael A. (Mr.)				00087799			
4	Date	5 Payee name				•				
	06/14/2024	Nueces Co	unty Republican Party `							
6	Amount (\$)	7 Payee addre	Payee address; City; State; Zip Code							
	\$100.00									
	Reimbursement from									
	X political contributions intended	TX								
8	PURPOSE		as Catagorias listed at the top of this a	ahadula)	(b) Description	T Ch	heck if travel outside of Texas. Complete Schedu	ıla T		
0	OF	Advertising	ee Categories listed at the top of this s	criedule)	(b) Description	=	heck if Austin, TX, officeholder living expense	iic 1.		
	EXPENDITURE	Auvertising	Схрепзе		ad in July confer	enc	re program			
					da iii daiy daiiidi	0110	o program			
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office held			
•	expenditure to benefit	Cararacte, Cine	noider name		Office Sought		Office Held			
	C/OH									
	Date	Payee name								
	06/14/2024	Nueces Co	unty Republican Party`							
	Amount (\$)	Payee addre	ess; City; Stat	te; Zip C	ode					
	\$25.00									
	Reimbursement from									
	x political contributions intended	TX								
	PURPOSE	Category (s	ee Categories listed at the top of this s	chedule)	Description	Ch	heck if travel outside of Texas. Complete Schedu	ıle T.		
	OF	Event Expe		,		Ch	heck if Austin, TX, officeholder living expense			
	EXPENDITURE	APENDITURE '					an conference			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held			
	expenditure to benefit C/OH									
	Date	Payee name								
	04/25/2024	Wells Farg	0							
	Amount (\$)	Payee addre	ess; City; Stat	te; Zip C	ode					
	\$231.64									
	Reimbursement from political contributions									
	intended	TX								
	PURPOSE	Category (S	ee Categories listed at the top of this s	chedule)	Description	=	heck if travel outside of Texas. Complete Schedu	ıle T.		
	OF EXPENDITURE	Credit Card	l Payment			Ch	heck if Austin, TX, officeholder living expense			
					stmt 3/28					
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held			
	C/OH									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 20/20 McCauley, Michael A. (Mr.) 00087799 Date Payee name 02/26/2024 Woolsey, Jo 6 Amount (\$) Payee address; City; State; Zip Code \$150.00 Reimbursement from political contributions intended Х TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** tkt to Republican dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH