JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to co	nplete this form.	1 Filer ID (Ethics Commissi 00087799	on Filers)	2 Total pages	filed: 36
3 CANDIDATE /	MS / MRS / MR	FIRST	1	MI		USE ONLY
OFFICEHOLDER	Mr.	Michael A.				USE ONLY
NAME					Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX		
		McCauley				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	PO Box 6926					
ADDRESS					Receipt #	Amount
Change of Address	Corpus Christi, TX 7846	6				
		-			Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME		Cecil				
	NICKNAME	LAST			SUFFIX	
		Childers			SOLLIX	
		Childers				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO F	PO BOX PLEASE);	APT /	SUITE #; CITY;	ST	TATE; ZIP CODE
ADDRESS	425 Santa Monica					
(Decidence or Rusiness)						
(Residence or Business)	Corpus Christi, TX 7841	1				
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER	(361) 947-0696					
PHONE	(002) 0 0000					
8 REPORT						
TYPE	January 15	X 30th day befor	e election	unoff	15th day after c	ampaign treasurer
				L	appointment (of	fficeholder only)
	July 15	8th day before		xceeded modified	Final Report (At	ttach C/OH-FR)
			Te	eporting limit		
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2024	Т	HROUGH	09/26/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r I 🗖	Primary	Runoff	Other	
	11/05/2024					
	11/00/2024	X	General	Special		
11 OFFICE	OFFICE HELD (if any)	I	ĺ	12 OFFICE SOUGHT	(if known)	
	None			District Judge Di		
		GO .	TO PAGE 2			
⊢orms provided by Te	exas Ethics Commission	www.e	thics.state.tx.us		Vers	sion V4.1.0.48da51f7

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 36

L

13 C / OH NAME	McCauley, Michael A	. (Mr.)	14 Filer ID 00087799	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to support the ceholder's knowledge or lotice of such expenditures.							
Additional Pages								
	GENERAL							
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS	\$ 0.00							
		ICAL CONTRIBUTIONS		\$ 12,475.00				
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAI IZED POLITICAL EXPENDITURES	NO)	\$ 0.00				
TOTALS	4. TOTAL POLIT			\$ 27,402.15				
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	REPORTING PE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.						
		Mr. N	lichael A. McCauley					
		Signature	of Candidate or Officeho	older				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid	, this the	day				
of	, 20, to ca	ertify which, witness my hand and seal of office.						
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath				
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.48da51f				

S	UBT	OTALS - JC/OH	C		ORM JC/OH SHEET PG 3 3 of 36
	ER NAM	//E r, Michael A. (Mr.)	19 Filer ID 00087799	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SU	JBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	12,475.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	7,000.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	20,102.15	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	300.00	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

The Instrue	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/36
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 (\$)	
09/17/2024	Adkins, Alissa		\$250.00
	6 Contributor address; City; State; Zip Code		
	ТХ	T	
	Principal Occupation	9 Contributor's Job Title	
attorney		attorney	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
McDonald &			
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 (\$)
08/22/2024	Brooks , Patsy	,	\$1,000.00
	Contributor address; City; State; Zip Code		
	ТХ		
Contributor's F	Principal Occupation	Contributor's Job Title	1
retired		n/a	
Contributor's e	mployer/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 (\$)
07/24/2024	Chesney, Brent)	\$500.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78412		
Contributor's F	Principal Occupation	Contributor's Job Title	
attorney		attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
Brent Chesn	ey Law		
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7

The Instru	ction Guide explains how	v to complete this f	orm.	1 Total pages Schedule A(J) Sch: 2/8 Rpt: 5/36	L:			
2 FILER NAME		3 Filer ID (Ethics Commissi	on Filers)					
McCauley, N	1ichael A. (Mr.)	00087799						
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)				
07/09/2024	Childers, Chris				\$175.00			
	6 Contributor address; City; S	state; Zip Code						
	тх							
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	I				
landman			landman					
10 Contributor's e	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 (\$)				
07/30/2024	Clancey, James				\$500.00			
	Contributor address; City; S	state; Zip Code						
	ТХ							
Contributor's I	Principal Occupation		Contributor's Job Title					
attorney			attorney					
Contributor's e	employer/law firm		Law firm of contributor's spouse (if any)					
Branscomb	PC							
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 (\$)				
09/19/2024	Doctors of Corpus Christ	I PAC			\$2,500.00			
	Contributor address; City; S	state; Zip Code						
	ТХ							
Contributor's I	Principal Occupation		Contributor's Job Title					
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)						

The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A(J)1 Sch: 3/8 Rpt: 6/36	.:
2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)		
McCauley, M	1ichael A. (Mr.)	00087799	ŕ		
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
07/23/2024	Huseman Law Firm				\$500.00
	6 Contributor address; City; Sta	te; Zip Code			
	тх				
8 Contributor's F	I Principal Occupation		9 Contributor's Job Title		
10 Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if an	y)			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/11/2024	Knolle, Beth				\$50.00
	Contributor address: City; Sta	te: Zip Code			
	····, ···, ···,				
	ТХ				
Contributor's F	rincipal Occupation		Contributor's Job Title		
retired			n/a		
Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if an	y)			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/19/2024	Law Office of Bianca Medir	na Rodriguez			\$1,500.00
	Contributor address; City; Sta	te; Zip Code			
	тх				
Contributor's F	Principal Occupation		Contributor's Job Title		
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 an	y)			

The Instru	ction Guide explains how to complete this	form	1 Total pages Schedule A(J)1:
		Sch: 4/8 Rpt: 7/36	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	lichael A. (Mr.)	00087799	
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
09/19/2024	Law Office of Sandra Eastwood		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	тх		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	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 (\$)
09/19/2024	McDonald & Atkins		\$50.00
	Contributor address; City; State; Zip Code		
	TX		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	nouse (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 (\$)
07/24/2024	Monte English Law LLC		\$250.00
	Contributor address; City; State; Zip Code		
	ТХ		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 8/36
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
McCauley, M	lichael A. (Mr.)	00087799	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/24/2024	Neblett, Georgia		\$250.00
	6 Contributor address; City; State; Zip Code		
	тх		
9 Contributor's	Principal Occupation	9 Contributor's Job Title	
retired		n/a	
10 Contributor's e	emplover/law firm	11 Law firm of contributor's sp	house (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 (\$)
08/12/2024	Nueces County Republican Women PAC		\$500.00
	Contributor address; City; State; Zip Code		
	ТХ		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor in	s a child, law firm of parent(s) (if any)		
	s a child, law lifth of parent(s) (if any)		
Data	Full name of contributor Out-of-state PAC (ID#:	``````````````````````````````````````	Amount of Contribution (*)
Date 07/17/2024	Full name of contributor out-of-state PAC (ID#: Rucker, Elaine)	Amount of Contribution (\$) \$100.00
01111/2024	Contributor address; City; State; Zip Code		
	тх		
Contributor's F	Principal Occupation	Contributor's Job Title	1
retired		retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instrue	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 9/36
2 FILER NAME McCauley, N	lichael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087799	
4 Date 09/17/2024	 5 Full name of contributor out-of-state PAC (ID#: Schauer, Don 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$500.00
	тх		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
attorney		attorney	
10 Contributor's e		11 Law firm of contributor's s	pouse (if any)
Schauer & S			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date)	Amount of Contribution (\$)
07/24/2024	Squires, Wayne		\$500.00
	Contributor address; City; State; Zip Code		
	TX	1	
	Principal Occupation	Contributor's Job Title	
retired	and a south as share	retired	
Contributors	employer/law firm	Law firm of contributor's s	pouse (ii 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 (\$)
09/09/2024	Stokes, Sandra		\$50.00
	Contributor address; City; State; Zip Code		
	TX	<u> </u>	
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	by Toyas Ethics Commission		Version V/4 1 0 48da51f7

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 10/36			
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 (\$)		
07/24/2024	Taylor, John		\$500.00		
	6 Contributor address; City; State; Zip Code				
	тх				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
travel & tour	ism	owner			
10 Contributor's e	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)	1			
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)		
09/18/2024	Torres Law Firm		\$1,500.00		
	Contributor address; City; State; Zip Code				
	тх				
Contributor's	Principal Occupation	Contributor's Job Title			
Contributor 3 1		Contributor 3 30b Thic			
Contributor's e	employer/law firm	Law firm of contributor's s	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 (\$)		
09/17/2024	William, Thau	/	\$200.00		
	Contributor address; City; State; Zip Code				
	тх				
Contributoria	Principal Occupation	Contributor's Job Title			
attorney		attorney			
		-			
Contributors	employer/law firm	Law firm of contributor's sp	bouse (ii any)		
If contributor is	s a child, law firm of parent(s) (if any)				
L					

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 **1** Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 8/8 Rpt: 11/36 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 09/09/2024 \$100.00 Wood, Eben 6 Contributor address; City; State; Zip Code ΤХ Contributor's Principal Occupation 9 Contributor's Job Title 8 retired n/a 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Solicitation Fees Office Overhead/Rental Expense Transpor Food/Beverage Expense Polling Expense Travel in / - Gift/Awards/Memorials Expense Printing Expense Travel O					Transportation E Travel in District Travel Out of Dis	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District ITHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commission File	rs)
	Sch: 1/1 Rpt: 12/36		McCauley,		el A. (Mr.)						00087799		-
4	Date	5	Payee name										
	08/14/2024		Murphy Na	sica &	Associates								
6	Amount (\$) \$2,000.00		Payee addre	ess;	City;	State;	Zip Coo	de					
8	PURPOSE	(a)	Category (S	ee Cateor	pries listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising						Check if travel	, тх,	de of Texas. Com officeholder living d display adv	, expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholde	er name	C	Office sou	ght			Office he	əld	
	Date		Payee name	•									
	09/10/2024		Murphy Na	sica &	Associates								
	Amount (\$)		Payee addre	ess;	City;	State;	Zip Co	de					
	\$4,000.00		ТХ										
	PURPOSE OF EXPENDITURE		Category (S Advertising			top of this sch	edule)	(b)		, TX,	de of Texas. Com officeholder living d display ads	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	_	Candidate/Off	iceholde	er name	C	Office sou	ght			Office he	eld	
	Date		Payee name										
	09/19/2024		Murphy Na		Associates								
	Amount (\$) \$1,000.00		Payee addre	ess;	City;	State;	Zip Co	de					
			ТХ										
	PURPOSE OF EXPENDITURE		Category _{(S} Advertising			top of this sch	edule)	(b)		, тх,	de of Texas. Com officeholder living d display ads	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholde	er name	C	Office sou	ght			Office he	eld	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Awards I Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catege	ent & Related E	
		ruction Guide explains l	how to complete this form.			
1 Total pages Schedule F4:				3 Filer ID (Eth	iics Commiss	ion Filers)
Sch: 1/23 Rpt: 13/36	McCauley, Michael	A. (Mr.)		00087799		
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
	\$17.12	07/06/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Facebook		ТХ			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	july 4th ads			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living ex	pense	
9 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) Date(s) Credit Card I	ssuer Paid		
	\$27.78	07/06/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Facebook		ТХ			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of this schedule)		july 4th ads			
X Political	Advertising Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		in, TX, officeholder living ex	mense	
Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid		
	\$23.41	07/12/2024				
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
	Hardknocks		тх			
PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top Food/Beverage Expen	,	PIBA lunch			
Non-Political		of Texas. Complete Schedule		in TV officeholder living a		
	(c) Check if travel outside Candidate/Officeholder		Diffice sought	tin, TX, officeholder living ex	.pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Shee Sought	Childe Held		

		EXPE	ENDITURE CATEGO	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 rices	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	ental Expense ontract Labor	Solicitation/Fundraisir Transportation Equipr Travel in District Travel Out of District OTHER (enter a cate	ment & Related E	
			ruction Guide explains	how to complete	this form.			
	Total pages Schedule F4:					3 Filer ID (Et	hics Commiss	ion Filers)
	Sch: 2/23 Rpt: 14/36	McCauley, Michael	A. (Mr.)			00087799		
	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZI NDITURES GED TO A CRE	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
		\$7.79	07/18/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			тх					
8	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	website				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	е Т.	Check if Austin	, TX, officeholder living e	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name (Office sought		Office held		
e>	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
		\$202.52	08/10/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Milestone Collaberative		ТХ				
	PURPOSE OF	(a) Category		(b) Descri	intion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	text blas				
	X Political	Advertising Expense			-			
	=							
	Non-Political		of Texas. Complete Schedul		Check if Austin	, TX, officeholder living e	expense	
	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Officeholder	name	Office sought		Office held		
e		(a) Amount Chargod	(b) Data of Charge) Cradit Card Ia	euer Daid		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(C) Date(S	s) Credit Card Is	Suer Paiu		
		\$8.64	08/11/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		sutherlands						
		oddiforidando						
				TX (b) Dopori	intion			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	μιση			
		Advertising Expense	,	zip ties				
	Non-Political	of Texas. Complete Schedul	е Т.	Check if Austin	, TX, officeholder living e	expense		
	Complete ONLY if direct	Candidate/Officeholder	name (Office sought		Office held		
e>	kpenditure to benefit C/OH							

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	- Gift/Awards	rage Expense s/Memorials Expense	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trans Trave Trave	l in District I Out of District	ng Expense ment & Related E gory not listed ab			
	The Instr	ruction Guide explains h	now to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (E	thics Commiss	ion Filers)		
Sch: 3/23 Rpt: 15/36	McCauley, Michael	A. (Mr.)		0	0087799				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer P	aid				
	\$22.34	08/12/2024							
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	wal-mart								
			ТХ						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description							
	Advertising Expense	or this schedule)	zip ties						
X Political									
Non-Political		of Texas. Complete Schedule		Austin, TX, offi	-	expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	(Office held				
PAYMENT	(a) Amount Charged	(c) Date(s) Credit Ca	ard Issuer P	aid					
	\$806.46	(b) Date of Charge 08/12/2024							
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						
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule	T Check if	Austin, TX, offi	ceholder living	exnense			
Complete ONLY if direct	Candidate/Officeholder		office sought		Office held	expense			
expenditure to benefit C/OH			J.						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer P	aid				
	\$391.28	08/18/2024							
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	U-Haul								
		ТХ							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description uhaul						
	Transportation Equipment And Related								
X Political	Expense								
Non-Political		of Texas. Complete Schedule		Austin, TX, offi		expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	omplete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held enditure to benefit C/OH								

Forms provided by Texas Ethics Commission

	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	Solicitation/Fundrais Transportation Equij Travel in District Travel Out of Distric OTHER (enter a cat	oment & Related I				
	The Inst	ruction Guide explains h	now to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	Ethics Commiss	ion Filers)			
Sch: 4/23 Rpt: 16/36	McCauley, Michael	A. (Mr.)		00087799					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CI CARD	\$					
6 PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 08/21/2024	(c) Date(s) Credit Card	l Issuer Paid					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)								
		of this schedule)	(b) Description						
	Event Expense		sponsorship						
X Political									
Non-Political		of Texas. Complete Schedule		Istin, TX, officeholder living	expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer Paid					
	\$16.22	08/21/2024							
PAYEE	(a) Payee name Silverado Smokeho	buse	(b) Payee address; TX	City,	State,	Zip Code			
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	,	republican club mee	eting					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Au	ıstin, TX, officeholder living	expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid					
	\$516.53	08/23/2024							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Gulf Coast Mailing		TX						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Advertising Expense		targeted mailers						
X Political									
Non-Political Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Au ffice sought	stin, TX, officeholder living Office held	expense				

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		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)					
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraisin Transportation Equipr		Typense		
	Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Polling Expense Printing Expense	Travel in District Travel Out of District		2.4ponoo		
	Candidate/Officeholder/Politica			Salaries/Wages/Contract Labor	OTHER (enter a cate)	gory not listed at	oove)		
		The Inst	ruction Guide explains h	now to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	ion Filers)		
	Sch: 5/23 Rpt: 17/36	McCauley, Michael	A. (Mr.)		00087799				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE					
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI	\$ ЭПТ				
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
		\$12.43	08/30/2024						
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code		
		Ray's Cafe							
				ТХ					
8	PURPOSE OF	(a) Category (See Categories listed at the top		(b) Description					
		Food/Beverage Expe	,	Robstown meeting					
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living e	expense			
9	Complete ONLY if direct	Candidate/Officeholder	name O	Office sought	Office held				
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid				
		\$166.01	09/17/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Fudruckers							
				TX (b) Description					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description meet & greet					
	X Political	Food/Beverage Expe	nse	meet & greet					
	Non-Political		of Texas. Complete Schedule		TX, officeholder living e	expense			
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name 0	office sought	Office held				
0		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss					
		C,							
		\$2,706.25	09/14/2024						
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	=	(a) r ayee name		(b) Tayee address,	City,	State,			
		Corpus Chisti Cron	ica						
				тх					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	ads					
Í		Advertising Expense							
	X Political								
	X Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin.	TX, officeholder livina e	expense			
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living e	expense			
e					-	expense			

	EXPI	ENDITURE CATEGOR	RIES FOR BOX	10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	ental Expense T T T	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District DTHER (enter a catego	ent & Related I			
	The Inst	ruction Guide explains	how to complete	this form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)		
Sch: 6/23 Rpt: 18/36	McCauley, Michael	A. (Mr.)			00087799				
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED					
ISSUER	see p	revious		DITURES GED TO A CREDIT	г				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid				
	\$128.93	09/18/2024							
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	HEB								
	PURPOSE OF (a) Category EXPENDITURE (so Categorie listed at the tap of this schedule)								
	EXPENDITURE (See Categories listed at the top of this schedule) Event Expense				ave et				
		,	food & drinks for meet & greet						
X Political									
Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	oense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought		Office held				
	(a) Amount Charged	(c) Date(s)) Credit Card Issue	ar Daid					
PATMENT		(b) Date of Charge	(C) Date(S)	Cleuit Caru Issue	er Faiu				
	\$30.00	07/01/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	South Texas Alliand	ce							
			ТХ						
PURPOSE OF	(a) Category	of this school (a)	(b) Descrip						
	(See Categories listed at the top Food/Beverage Expe	,	dinner tkt						
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	pense			
Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Pald				
	\$16.22	07/16/2024							
PAYEE	(a) Payee name		(b) Payee	address.	City,	State,	Zip Code		
	(a) Fayee hame		(b) Fayee	address,	City,	State,			
	Silverado Smokeho	ouse							
			тх						
PURPOSE OF	(b) Descrip	otion							
EXPENDITURE	(See Categories listed at the top		dinner						
X Political Food/Beverage Expense									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX	, officeholder living exp	oense			
Complete ONLY if direct	Candidate/Officeholder	name C	Office 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	Fees Food/Beve / - Gift/Awards al Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	eental Expense ontract Labor	Transportation Travel in Distri Travel Out of I		·		
_	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Fees Food/Beverage Expense Gitf/Awards/Memorials Expense Legal Services Total pages Schedule F4: Sch: 7/23 Rpt: 19/36 2 FILER NAME McCauley, Michael A. (Mr.) CREDIT CARD ISSUER Name of financial institution see previous PAYMENT (a) Amount Charged \$169.63 (b) Date of Cha 07/18/20 PAYEE (a) Payee name Neeley'S Printing 07/18/20 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Advertising Expense Complete QNLY if direct xpenditure to benefit C/OH (a) Payee name Neeley'S Printing (b) Date of Cha 07/18/20 PAYEE (a) Amount Charged (b) Date of Cha \$48.71 07/18/20 PAYMENT (a) Amount Charged (b) Date of Cha \$48.71 07/18/20 PAYEE (a) Payee name Neeley'S Printing 07/18/20 PAYEE (a) Amount Charged (b) Date of Cha \$48.71 07/18/20 PAYEE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Mon-Political (c) Check if travel outside of Texas. Complete S Complete QNLY if direct xpenditure to benefit C/OH Candidate/Officeholder name PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas			now to complete	this form.	la ="				
1							ID (Ethics Commis	sion Filers)		
	Sch: 7/23 Rpt: 19/36	-				000877	'99			
4	CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZE	D S				
	ISSUER	see pi	revious		CHARGED TO A CREDIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Iss	uer Paid				
		\$169.63	07/18/2024							
7	PAYEE	(a) Payee name	1	(b) Payee	(b) Payee address;		State,	Zip Code		
		Neeley's Printing								
		TX								
8			of this schedule)	(b) Descri	iption					
		, ° ,		t-shirts						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Austin,	TX, officeholder	living expense			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office I	neld			
e	•									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Iss	uer Paid				
		\$48.71	07/18/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		Neeley's Printing								
				TX						
			of this schedule)	(b) Descri						
		· · ·		bumper	SUCKERS					
	Non-Political	(C) Check if travel outside	•		Check if Austin,					
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		Office sought		Office I	neld			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Iss	uer Paid				
		\$7.20	07/31/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		squarespace								
				ТΧ						
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descri	iption					
		Advertising Expense	or and schedule)	website						
	X Political	<u> </u>								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		Check if Austin,		- ·			
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office I	neld			
e	xpenditure to benefit C/OH									

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		EXPE	ENDITURE CATEGORI	ES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards I Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraisi Transportation Equip Travel in District Travel Out of District OTHER (enter a cate	ment & Related E					
-	Total names Calendula E4		ruction Guide explains no			thias Commiss	ion Filoro)				
1	Total pages Schedule F4:				3 Filer ID (E	inics Commiss	sion Filers)				
	Sch: 8/23 Rpt: 20/36	McCauley, Michael			00087799						
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid						
		\$30.00	08/05/2024								
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
		South Texas Alliand									
		South Texas Alliant	Je								
		() -		TX							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
		Food/Beverage Expe	,	luncheon							
	X Political										
	Non-Political		of Texas. Complete Schedule 1		n, TX, officeholder living	expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	fice sought	Office held						
e		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	sever Daid						
	PATMENT	C,	., .		suel Palu						
		\$974.25	08/06/2024								
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
				(1) 1 1) 11 11 11 11 11	- · · y ,	,					
		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	, arenaenig _,penee									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austin	n, TX, officeholder living	expense					
	Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held						
е	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid						
		\$165.30	08/12/2024								
							7.0.1				
	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	of this schedule)	t-posts							
	X Political	Advertising Expense									
	Non-Political	(C) Check if travel outside	T. Check if Austi	n, TX, officeholder living (expense						
	Complete ONLY if direct	Candidate/Officeholder		fice 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		citation/Fundraisi	ing Expense oment & Related E	Expense
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expense Printing Expense	Trav	el in District		
	Candidate/Officeholder/Politica	l Committee Legal Serv		Salaries/Wages/Contract Labor			egory not listed at	oove)
			ruction Guide explains l	how to complete this form.				
1	Total pages Schedule F4:						thics Commiss	ion Filers)
	Sch: 9/23 Rpt: 21/36	McCauley, Michael	A. (Mr.)		(00087799		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES		\$		
	ISSUER	see p	revious	CHARGED TO A CRE		Ρ		
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer I	Paid		
		\$863.29	09/10/2024					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Neeley's Printing						
		Neeley S Filling						
		TX						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	(b) Description					
		Advertising Expense		signs				
	X Political (c) Check if travel outside of Texas. Complete S							
					in, TX, of	ficeholder living	expense	
	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) Date(s) Credit Card Is	ssuer I	Paid		
		\$139.08	09/14/2024					
	DAVEE							
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Milestone Collabera	ative					
				ТХ				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	text blast				
	X Political	Advertising Expense						
	Non-Political		of Texas. Complete Schedule		in TV of	ficebolder living	0/20200	
	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder		Diffice sought	III, 1 A, UI	ficeholder living Office held	expense	
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer I	Paid		
		\$55.00	09/24/2024					
		φ33.00	03/24/2024					
-	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Coastal Bend Hom	ebuilders					
				ТХ				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	tkt to forum				
	X Political	стент сурсное						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, of	ficeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
е	xpenditure to benefit C/OH							

Forms provided by Texas Ethics Commission

	EXPI	ENDITURE CATEGOR	RIES FOR BOX 10(a)						
	y - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	vel in District	oment & Related E			
	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Gitt/Awards/Memorials Expense Legal Services Total pages Schedule F4: 2 FILER NAME Sch: 10/23 Rpt: 22/36 McCauley, Michael A. (Mr.) CREDIT CARD SSUER Name of financial institution see previous PAYMENT (a) Amount Charged \$500.00 (b) Date of Ch 09/21/20 PAYEE (a) Payee name Blue Canary Marketing (a) Category (See Categories listed at the top of this schedule) Advertising Expense X Political (c) Check if travel outside of Texas. Complete S Complete ONLY if direct Candidate/Officeholder name								
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)		
Sch: 10/23 Rpt: 22/36	McCauley, Michael	A. (Mr.)			00087799				
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITE		*				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CARD		\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer	Paid				
	\$500.00	09/21/2024							
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	Blue Canary Marks	ating							
		sting							
	(a) Catagony		TX (b) Description						
8 PURPOSE OF EXPENDITURE		social media ads							
X Political	Advertising Expense								
	(c) Check if travel outside	of Texas, Complete Schedule		Austin TX o	officeholder living	expense			
9 Complete <u>ONLY</u> if direct			Office sought		Office held	oxponee			
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer	Paid				
	\$314.94	09/21/2024							
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	Taqueria Jalisco								
			ТХ						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	food & drink for meet & greet						
X Political	Event Expense								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if	Austin, TX, c	officeholder living	expense			
Complete ONLY if direct	Candidate/Officeholder	r name C	office sought		Office held				
expenditure to benefit C/OH					Deid				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer	Paid				
	\$189.06	08/18/2024							
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code		
	Tractor Supply								
			тх						
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Description						
Advertising Expense			t-posts						
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expenditure to benefit C/OH			moe sought						

		EXPE	ENDITURE CATEGOR	RIES FOR B	OX 10(a)					
	Advertising Expense Accounting/Banking	Event Expe Fees	ense		ent/Reimbursement Id/Rental Expense		licitation/Fundrais	ing Expense oment & Related E	Typense	
	Consulting Expense Contributions/ Donations Made By	Food/Beve	erage Expense s/Memorials Expense	Polling Expens	e	Tra	avel in District avel Out of Distric		zypende	
	Candidate/Officeholder/Politica				s/Contract Labor			egory not listed at	oove)	
		The Inst	ruction Guide explains	how to compl	ete this form.					
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (E	Ethics Commiss	ion Filers)	
	Sch: 11/23 Rpt: 23/36	McCauley, Michael	A. (Mr.)				00087799			
4	CREDIT CARD	Name of final	ncial institution		AL OF UNITEMI	ZED				
	ISSUER	see p	revious		EXPENDITURES \$ CHARGED TO A CREDIT					
				CAF		LDII				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dat	e(s) Credit Card I	Issuer	Paid			
		\$22.09	08/18/2024							
		+==:00	00/20/2021							
7	PAYEE	(a) Payee name		(b) Pay	vee address;		City,	State,	Zip Code	
		valero								
				ТХ						
8	PURPOSE OF		(b) Des	scription						
	EXPENDITURE	of this schedule)	gas fo	r uhaul						
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	Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Aust	tin, TX,	officeholder living	expense		
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought			Office held			
е	xpenditure to benefit C/OH									
	PAYMENT	(b) Date of Charge	(c) Dat	e(s) Credit Card I	lssuer	Paid				
		\$12.21	08/18/2024							
	PAYEE	(a) Payee name		(b) Pay	vee address;		City,	State,	Zip Code	
		squarespace								
				ΤX						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)		scription					
		Advertising Expense	of this schedule)	websi	te					
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	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T.	Check if Aust	tin, TX,	officeholder living	expense		
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е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dat	e(s) Credit Card I	Issuer	Paid			
		\$253.85	08/25/2024							
	PAYEE	(a) Payee name		(b) Pay	vee address;		City,	State,	Zip Code	
		Tractor Supply								
		ТХ								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		scription					
	Advertising Expense			t-post	3					
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	Non-Political		of Texas. Complete Schedule		Check if Aust	tin, TX,	officeholder living	expense		
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e	xpenditure to benefit C/OH									

		F	EXPEN	IDITURE CATEGOR	RIES FOF	R BOX 1	L0(a)				
		Fees Food / - Gift//	i I/Beveraç Awards/M	ge Expense Iemorials Expense	Office Ove Polling Ex Printing Ex	erhead/Rei pense kpense	eimbursement ntal Expense itract Labor	Trai Trav Trav	citation/Fundraising nsportation Equipm vel in District vel Out of District HER (enter a categ	ent & Related I	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Cod/Autor/Memorials Ex- Legal Services Total pages Schedule F4: Sch: 12/23 Rpt: 24/36 2 FILER NAME McCauley, Michael A. (Mr.) CREDIT CARD ISSUER Name of financial institut see previous PAYMENT (a) Amount Charged Neeley's Printing PAYEE (a) Category (See Categories listed at the top of this schedule Advertising Expense Mon-Political (c) Check if travel outside of Texas. Comp Complete ONLY if direct penditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of See Categories listed at the top of this schedule Advertising Expense (c) Check if travel outside of Texas. Comp Candidate/Officeholder name PAYMENT (a) Amount Charged (b) Date of See Categories listed at the top of this schedule Advertising Expense			ction Guide explains l	how to co	mplete t	his form.				
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	Sch: 12/23 Rpt: 24/36	McCauley, Mic	nael A	(Mr.)					00087799		
4		Name of	financ	ial institution		5 TOTAL OF UNITEMIZED EXPENDITURES \$					
	ISSUER	Se	ee pre	vious	(ED TO A CRED	лт	φ		
6	PAYMENT	(a) Amount Chargeo	i ((b) Date of Charge	(C)	Date(s)	Credit Card Iss	uer	Paid		
		\$806.46		08/26/2024							
7	PAYEE	(a) Payee name			(b)	Payee a	address;		City,	State,	Zip Code
		Neeley's Printir	na								
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		(a) Catagony			TX (b)	Descrip	tion				
8			ne top of	this schedule)	sig	•	lion				
	X Political	Advertising Exper	ıse		- 5	-					
		(c) Check if travel or	utside of	Texas, Complete Schedule	eT.		Check if Austin.	TX. 0	officeholder living ex	kpense	
9	Complete ONLY if direct				Office sou	ght		, .	Office held		
	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Chargeo) I	(b) Date of Charge	(C)	Date(s)	Credit Card Iss	uer	Paid		
		\$66.53		09/03/2024							
_	PAYEE	(a) Payee name			(h)	Pavee :	address;		City,	State,	Zip Code
		(u) r uyee name				i uyee t	uurcss,		Oity,	Olule,	
		Stripes									
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	Non-Political			Texas. Complete Schedule			Check if Austin,	TX, o	fficeholder living ex	kpense	
P	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeho	Juern	ame C	Office sou	gni			Office held		
-	PAYMENT	(a) Amount Charged	d ((b) Date of Charge	(C)	Date(s)	Credit Card Iss	uer	Paid		
		\$129.63		09/03/2024	()	()					
		Q120.00		00/00/2024							
	PAYEE	(a) Payee name	I		(b)	Payee a	address;		City,	State,	Zip Code
		Tractor Supply									
					TX		tion				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th		this schedule)		Descrip osts	uUII				
	Advertising Expense										
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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	pment & Related E				
		i	ruction Guide explains	how to complete this form.							
1	1 0	2 FILER NAME				-	Ethics Commiss	ion Filers)			
	Sch: 13/23 Rpt: 25/36	McCauley, Michael	A. (Mr.)			00087799					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEN EXPENDITURES CHARGED TO A C CARD		\$					
6	PAYMENT	(a) Amount Charged \$443.91	(b) Date of Charge 09/03/2024	(c) Date(s) Credit Carc	(c) Date(s) Credit Card Issuer Paid						
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code			
		ТХ									
8	PURPOSE OF EXPENDITURE	(b) Description									
		(See Categories listed at the top Advertising Expense		truck rental							
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	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Au	ustin, TX, (officeholder living	g expense				
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e	xpenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer	Paid					
		\$25.00	09/06/2024								
	PAYEE	(a) Payee name	•	(b) Payee address;		City,	State,	Zip Code			
		Coastal Bend Wom	en Lawyer	ТХ							
	PURPOSE OF	(a) Category		(b) Description							
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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	d Issuer	Paid					
		\$98.98	09/17/2024								
	PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code			
		HEB									
				TX							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ot ^o	oot					
	_	Event Expense		food & drink for mee	et & gre	eel					
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Forms provided by Texas Ethics Commission

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Sch: 14/23 Rpt: 26/36 McCauley. Michael A. (Mr.) 00087799 4 CREDIT CARD ISUER Name of financial institution see previous 5 TOTAL OF UNITEMIZED CARD COL TO A CREDIT ACREDIT TARES 5 6 PAYMENT (a) Amount Charged \$7.79 (b) Date of Charge 0918/2024 (c) Date(s) Credit Card Issuer Paid 5 7 PAYEE (a) Payee name squarespace (b) Date of Charge 0918/2024 (c) Date(s) Credit Card Issuer Paid 5 8 PURPOSE OF expenditure to benefit COH expenditure to benefit COH (d) Category Advertising Expense (d) Category (d) Category Advertising Expense (d) Category (d) Category Advertising Expense (d) Category (d) Category Advertising Expense (d) Category (d) Category (d) Category (d) Category (d) Category (d) Category (d) Category (d) Category (d) Category (expenditure to benefit COH specific to base (expenditure to benefit			The Inst	ruction Guide explains l	how to complete	e this form.			
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		EXF	ENDITURE CATEGOR	IES FOR BOX	10(a)			
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1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 15/23 Rpt: 27/36	McCauley, Michae	el A. (Mr.)			00087799		
4	CREDIT CARD	Name of fina	ancial institution		OF UNITEMIZED			
	ISSUER	see r	previous		IDITURES GED TO A CREDIT	- \$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$100.00	09/03/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
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8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Descri	ption 5 entry fee			
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	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
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				TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule)	(b) Descri	ption			
		Food/Beverage Expe	. ,	lunch				
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	Non-Political		e of Texas. Complete Schedule		Check if Austin, TX,	, officeholder living e	xpense	
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				(0) Duic(3)				
		\$180.45	08/15/2024					
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		Cancun Restaurar	nt					
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	PURPOSE OF	(a) Category		(b) Descri				
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		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)			
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	Sch: 16/23 Rpt: 28/36	McCauley, Michael				00087799		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	UNITEMIZED URES TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
		\$75.53	08/16/2024					
7	PAYEE	(a) Payee name	I	(b) Payee add	lress;	City,	State,	Zip Code
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8	PURPOSE OF	(a) Category		(b) Description				
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	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
		\$176.11	08/16/2024					
	PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code
		Tractor Supply		ТХ				
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		\$355.00	09/03/2024					
	PAYEE	(a) Payee name		(b) Payee add	lress;	City,	State,	Zip Code
		Padre Island Busine	ess Assn	ТХ				
	PURPOSE OF	(a) Category		(b) Description	n			
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	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т. П	Check if Austin, TX,	officeholder living ex	pense	
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Forms provided by Texas Ethics Commission

		EXP	ENDITURE CATEGOR	IES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking	Event Exp Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		citation/Fundrais	ing Expense Iment & Related E	Typense
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1	Total pages Schedule F4:	2 FILER NAME			:	3 Filer ID (E	thics Commiss	ion Filers)
	Sch: 17/23 Rpt: 29/36	McCauley, Michael	A. (Mr.)		0	00087799		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ				
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRI		\$		
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer I	Paid		
		\$106.19	09/03/2024					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Ticketleap						
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8	PURPOSE OF	(a) Category		(b) Description				
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	X Political	Event Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, of	fficeholder living	expense	
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		\$163.37	09/03/2024					
		\$100.01	00/00/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		U-Haul						
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	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	uhaul rental				
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, of	fficeholder living	expense	
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e	xpenditure to benefit C/OH							
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		\$16.43	09/18/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Office Depot						
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	PURPOSE OF	(a) Category		(b) Description				
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		EXPE	ENDITURE CATEGOR	IES FOR BOX 10(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Tra Tra Tra	icitation/Fundraisin Insportation Equipn Ivel in District Ivel Out of District HER (enter a categ	nent & Related E	
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1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Et	hics Commiss	ion Filers)
	Sch: 18/23 Rpt: 30/36	McCauley, Michael	A. (Mr.)			00087799		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ	ZED			
	ISSUER	Ch	ase	EXPENDITURES CHARGED TO A CRE CARD	EDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer	Paid		
		\$32.46	09/11/2024					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Amazon.com						
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		(a) Catagony		TX (b) Description				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description tri-pod				
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		\$96.38	09/25/2024					
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		Amazon.com						
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⊢	PURPOSE OF	(a) Category		TX (b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	canopy for GOTV eve	et			
	X Political	Event Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, d	officeholder living e	xpense	
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		\$91.55	09/11/2024					
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	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austi	in, TX, c	officeholder living e	xpense	
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		EXPI	ENDITURE CATEGOR	IES 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	Solicitation/Fundraisir Transportation Equipr Travel in District Travel Out of District OTHER (enter a cate	ment & Related E	
		The Inst	ruction Guide explains h	ow to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)
	Sch: 19/23 Rpt: 31/36	McCauley, Michael	A. (Mr.)		00087799		
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	ED		
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREI CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
		\$1,500.00	07/04/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Milestone Collabera	ativo				
			auve				
_		(a) Catagony		TX (b) Description			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description voter engagement			
	X Political	Consulting Expense					
	Non-Political		of Taylog, Complete Cebedula		TV officeholder living		
٩	Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	ffice sought	TX, officeholder living e	expense	
	xpenditure to benefit C/OH			inter cought	e not nota		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
		\$58.64	09/05/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Amazon.com					
		Amazon.com					
		(a) Catagony		TX (b) Description			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	video equipment			
	X Political	Advertising Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Chock if Austin	TX, officeholder living e	vpopeo	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held	sopense	
е	xpenditure to benefit C/OH			J. J			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
		\$53.03	09/11/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Amazon.com					
		, and controlling					
	PURPOSE OF	(a) Category		TX (b) Description			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	video equipment			
	X Political	Advertising Expense					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		TX, officeholder living e	expense	
	Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held	лреное	
e	xpenditure to benefit C/OH			J			
-		/					

		EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)			
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraisi Transportation Equip		Vnense
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District		LAPENSE
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate		iove)
		The Inst	ruction Guide explains	how to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	ion Filers)
	Sch: 20/23 Rpt: 32/36	McCauley, Michael	A. (Mr.)		00087799		
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE	D		
	ISSUER	Capit	al One	EXPENDITURES	, \$		
				CHARGED TO A CRED CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$25.00	07/30/2024				
		Ψ23.00	01130/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Nueces County Re	publican Party				
				ТХ			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	tkt to skeet shoot			
	X Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin,	TX, officeholder living	expense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought	Office held		
e	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$735.02	08/05/2024				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		U-Haul					
		U-Haul					
				TX			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
			,				
		Transportation Equipr	ment And Related	truck rental			
	X Political	Transportation Equipr Expense	ment And Related	truck rentai			
	X Political Non-Political	Expense (c) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin,	TX, officeholder living	expense	
	Non-Political Complete ONLY if direct	Expense	of Texas. Complete Schedule		TX, officeholder living Office held	expense	
e	Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Expense (c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule name C	T. Check if Austin,	Office held	expense	
e	Non-Political Complete ONLY if direct	Expense (c) Check if travel outside	of Texas. Complete Schedule	e T. Check if Austin,	Office held	expense	
e	Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Expense (c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule name C	T. Check if Austin,	Office held	expense	
e	Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$18.77	of Texas. Complete Schedule name C (b) Date of Charge	T. Check if Austin, Check if A	Office held uer Paid		
e	Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged	of Texas. Complete Schedule name C (b) Date of Charge	T. Check if Austin,	Office held	expense	Zip Code
e	Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$18.77	of Texas. Complete Schedule name C (b) Date of Charge	T. Check if Austin, Check if A	Office held uer Paid		Zip Code
e.	Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$18.77 (a) Payee name	of Texas. Complete Schedule name C (b) Date of Charge	Check if Austin, Check	Office held uer Paid		Zip Code
e	Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$18.77 (a) Payee name Stripes	of Texas. Complete Schedule name C (b) Date of Charge	Check if Austin, Check if Aust	Office held uer Paid		Zip Code
e	Non-Political Complete <u>ONLY</u> if direct expenditure to benefit C/OH PAYMENT	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$18.77 (a) Payee name Stripes (a) Category (See Categories listed at the top	of Texas. Complete Schedule name C (b) Date of Charge 09/11/2024	 c. Check if Austin, Cffice sought (c) Date(s) Credit Card Issued (b) Payee address; TX (b) Description 	Office held uer Paid		Zip Code
e	Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$18.77 (a) Payee name Stripes (a) Category (See Categories listed at the top Transportation Equipr	of Texas. Complete Schedule name C (b) Date of Charge 09/11/2024	Check if Austin, Check if Aust	Office held uer Paid		Zip Code
	Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$18.77 (a) Payee name Stripes (a) Category (See Categories listed at the top Transportation Equipr Expense	of Texas. Complete Schedule name C (b) Date of Charge 09/11/2024 of this schedule) nent And Related	a T. Check if Austin, Office sought (c) Date(s) Credit Card Issued (b) Payee address; TX (b) Description gas for uhaul	Office held uer Paid City,	State,	Zip Code
	Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political Non-Political	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$18.77 (a) Payee name Stripes (a) Category (See Categories listed at the top Transportation Equipp Expense (c) Check if travel outside	of Texas. Complete Schedule name C (b) Date of Charge 09/11/2024 of this schedule) nent And Related	 T. Check if Austin, Office sought (c) Date(s) Credit Card Issi (b) Payee address; TX (b) Description gas for uhaul T. Check if Austin, 	Office held uer Paid City,	State,	Zip Code
	Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political	Expense (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$18.77 (a) Payee name Stripes (a) Category (See Categories listed at the top Transportation Equipr Expense	of Texas. Complete Schedule name C (b) Date of Charge 09/11/2024 of this schedule) nent And Related	a T. Check if Austin, Office sought (c) Date(s) Credit Card Issued (b) Payee address; TX (b) Description gas for uhaul	Office held uer Paid City,	State,	Zip Code

		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 I Committee Legal Servi	ense rage Expense s/Memorials Expense ices	Loan Repayment// Office Overhead/R Polling Expense Printing Expense Salaries/Wages/C	Reimbursement Rental Expense ontract Labor	Solicitation/Fundrai Transportation Equ Travel in District Travel Out of Distri OTHER (enter a ca	ipment & Related E	
			ruction Guide explains h	now to complete	this form.			
1	Total pages Schedule F4:						(Ethics Commiss	ion Filers)
	Sch: 21/23 Rpt: 33/36	McCauley, Michael	A. (Mr.)			00087799		
4	CREDIT CARD ISSUER		ncial institution revious	EXPE	OF UNITEMIZ NDITURES GED TO A CRE	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Is	suer Paid		
		\$128.16	07/30/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		U-Haul		ТХ				
8	PURPOSE OF	(a) Category		(b) Descr	iption			
	EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	rental				
	X Political	Expense						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Т.	Check if Austin	n, TX, officeholder livin	g expense	
9	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held	ł	
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Is	suer Paid		
		\$5,000.00	08/10/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Milestone Collabera	ative					
				ТХ				
	PURPOSE OF	(a) Category		(b) Descr	iption			
	EXPENDITURE	(See Categories listed at the top Consulting Expense	of this schedule)	voter en	gagement			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	Т.	Check if Austin	n, TX, officeholder livin	g expense	
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought		Office held	ł	
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Is	suer Paid		
		\$304.62	09/22/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Turk						
		Tractor Supply						
				ТХ				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cabodula)	(b) Descr	iption			
	EXPENDITURE	Advertising Expense	טי מווס סטופטעופן	t-posts				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	т.	Check if Austin	n, TX, officeholder livin	g expense	
	Complete ONLY if direct	Candidate/Officeholder	•	office sought		Office held		
e	xpenditure to benefit C/OH			-				

Forms provided by Texas Ethics Commission

	Advertising Expense	EXP Event Exp		RIES FOR BOX 10(a) Loan Repayment/Reimbursement	Solicitation/Eundraicin		
	Accounting/Banking Consulting Expense	Fees	erage Expense	Office Overhead/Rental Expense Polling Expense	Solicitation/Fundraisin Transportation Equipn Travel in District		Expense
	Contributions/ Donations Made By Candidate/Officeholder/Politica		ds/Memorials Expense vices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a categ	gory not listed al	oove)
		The Ins	truction Guide explains	how to complete this form.			
1	Total pages Schedule F4:				3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 22/23 Rpt: 34/36	McCauley, Michae			00087799		
4	CREDIT CARD		incial institution	5 TOTAL OF UNITEMIZE EXPENDITURES	D \$		
		see p	previous	CHARGED TO A CREE CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
		\$15.13	07/30/2024				
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
		Sutherlands					
				ТХ			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Advertising Expense	o of this schedule)	zip ties			
	X Political						
	Non-Political		of Texas. Complete Schedul		TX, officeholder living e	expense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH					Office held		
		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	PURPOSE OF	(a) Category		(b) Description			
		(See Categories listed at the top	o of this schedule)				
	Political						
	Non-Political		of Texas. Complete Schedule		0111		
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholde	r name C	Office sought	Office held		
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description			
	Political						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedul	е Т			
	Complete ONLY if direct	Candidate/Officeholde	r name (Office sought	Office held		
e	xpenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURES MADE BY CREDIT CARD

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Awards I Committee Legal Servi	rage Expense s/Memorials Expense ices	Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Trai Tra Tra	icitation/Fundraising nsportation Equipme vel in District vel Out of District HER (enter a catego	ent & Related E	
			ruction Guide explains l	now to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	ics Commiss	sion Filers)
	Sch: 23/23 Rpt: 35/36	McCauley, Michael	A. (Mr.)			00087799		
	CREDIT CARD ISSUER		ncial institution Fargo	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD		\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid		
		\$22.70	08/04/2024					
7	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Sutherlands		ТХ				
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	zip ties				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Aust	tin, TX, c	officeholder living exp	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
	penditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer	Paid		
		\$7.57	08/05/2024					
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
		Sutherlands		Тх				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	nails				
	X Political	Advertising Expense						
	Non-Political		of Texas. Complete Schedule		tin, TX, c	officeholder living exp	pense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e>	penditure to benefit C/OH							

POLITICAL EX	(PENDITURES FROM PERSON	IAL 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 I	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: 1/1 Rpt: 36/36	2 FILER NAME McCauley, Michael A. (Mr.)	:	3 Filer ID (Ethics Commission Filers) 00087799			
4 Date 09/05/2024	5 Payee name College Republicans at TAMUCC	·				
6 Amount (\$) \$100.00 Reimbursement from political contributions intended TX						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 09/09/2024	Payee name Joe , Perez					
Amount (\$) \$200.00 Reimbursement from political contributions	Payee address; City; State; Zip C	ode				
PURPOSE OF EXPENDITURE	TX Category (See Categories listed at the top of this schedule) Advertising Expense	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense & greet			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			