#### 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 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Michael A. NAME Date Received **ELECTRONICALLY FILED** 10/28/2024 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 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 09/27/2024 10/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 28

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 22

TOTALS  OR GUARANTEES OF LOANS, OR CONTRIBUTION'S MADE ELECTRONICALLY)  \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ 42	13 C / OH NAME	McCauley, Michael A	A. (Mr.)	<b>14</b> Filer ID (	Ethics Commission Filers)
GENERAL  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS/OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY THE REPORTING PERIOD  I Swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder	FROM POLITICAL	candidate / officeholder.	These expenditures may have been made without	the candidate's or office	holder's knowledge or
COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  \$ 75  CONTRIBUTION BALANCE OUTSTANDING EACH POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING 1. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY  ** 42  17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder					
COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  9. 75  CONTRIBUTION REPORTING PERIOD  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PREPORTING PERIOD  1. TOTAL POLITICAL EXPENDITURES  9. 75  1. TOTAL POLITICAL EXPENDITURES  1. TOTAL POLITICAL EXPENDITURES  9. 75  1. TOTAL POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  1. TOTAL UNITEMIZED POLITICAL EXPENDITURES  2. TOTAL POLITICAL EXPENDITURES  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL UNITEMIZED POLITICAL EXPENDITURES  5. TOTAL UNITEMIZED POLITICAL EXPENDITURES  5. TOTAL UNITEMIZED POLITICAL EXPENDITURES  1. TOTAL UNITEMIZED POLITICAL EXPENDITURES  2. TOTAL UNITEMIZED POLITICA					
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COMMITTEE CAMPAIGN TREASURER ADDRESS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  5. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING OF THE REPORTING PERIOD  1. SWEAR, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder		SPECIFIC			
15. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  I swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley Signature of Candidate or Officeholder			COMMITTEE CAMPAIGN TREASURER NAME		
TOTALS  OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder			COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
TOTALS  OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder					
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  7. AFFIDAVIT  1. Swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder					\$ 0.00
4. TOTAL POLITICAL EXPENDITURES  S 79  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  I swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder				IS)	\$ 2,500.00
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1 Swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley Signature of Candidate or Officeholder		3. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES		\$ 0.00
BALANCE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  I swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder		4. TOTAL POLIT	ICAL EXPENDITURES		\$ 79,401.02
I swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder				AST DAY OF THE	<b>\$</b> 13,853.39
I swear, or affirm, under penalty of perjury, that the accompanying report true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder				OF THE LAST DAY	<b>\$</b> 42,176.46
true and correct and includes all information required to be reported by munder Title 15, Election Code.  Mr. Michael A. McCauley  Signature of Candidate or Officeholder	17 AFFIDAVIT				
Signature of Candidate or Officeholder			true and correct and includes a		
· · · · · · · · · · · · · · · · · · ·			Mr. M	ichael A. McCauley	
AFFIX NOTARY STAMP / SEAL ABOVE			Signature o	f Candidate or Officehol	der
	AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subscribed before me, by the said, this the day				, this the	day
of, 20, to certify which, witness my hand and seal of office.	of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

# **SUBTOTALS - JC/OH**

# FORM JC/OH **COVER SHEET PG 3**

					3 of 22
	ER NAM	(Ethic	es Commission Filers)		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	42,076.46
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	26,098.00	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	11,126.56
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	42,176.46
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	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/22
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 10/25/2024	<ul><li>5 Full name of contributor Ahuja, Avinash</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		TX				
8		Principal Occupation		9 Contributor's Job Title		
_	Oil & Gas			owner		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	10/04/2024	Byrom , Donna  Contributor address; City;	State; Zip Code		•	\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	realtor	Thiopai Occupation		owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/28/2024	Culbreth, Ken				\$100.00
		Contributor address; City;				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	attorney			attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/22
2	FILER NAME McCauley, N	/lichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4	Date 09/28/2024	<ul><li>5 Full name of contributor</li><li>Dunn, David</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		TX		_		
8		Principal Occupation		9 Contributor's Job Title		
_	attorney			attorney		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/28/2024	Gale Law Group  Contributor address; City;	State; Zip Code			\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor 3 i	тпісіраї Оссираціон		Continuator 5 300 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	10/19/2024	Judy , Stucky				\$100.00
		Contributor address; City;	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	retired			n/a		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL CONTRIBU	UTIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/22
2	FILER NAME McCauley, N	Лichael A. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087799
4					7	Amount of Contribution (\$) \$100.00
		TX				
8	Contributor's I attorney	Principal Occupation		9 Contributor's Job Title attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PA	VC (ID#)		Т	Amount of Contribution (\$)
	10/03/2024	McKibben Martinez Jarvis & Wood  Contributor address; City; State; Zip Code				\$250.00
		TX				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  out-of-state PA	AC (ID#:	)	Τ	Amount of Contribution (\$)
	09/30/2024	Michele Villarreal Kuchta PLLC	` _			\$100.00
		Contributor address; City; State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/22
2	FILER NAME McCauley, Michael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087799
4	Date 09/28/2024  5 Full name of contributor out-of-state PAC (ID#:  Steen, Mark  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$100.00
	TX	
8	Contributor's Principal Occupation  Oil & Gas	's Job Title
10	O Contributor's employer/law firm 11 Law firm of	contributor's spouse (if any)

	LOANS (J	UDICIAL)			SCHEDULE <b>E(J)</b>	
	The Instructio	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 1/2 Rpt: 8/22		
2	FILER NAME McCauley, Micha	ael A. (Mr.)		3 Filer ID 000877	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS		l	\$	
5	Date of loan 10/21/2024	7 Name of lender out-of-state PA McCauley, Michael	C (ID#:	)	9 Loan Amount (\$) \$21,038.23	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	TX			11 Maturity Date	
12	Lender's Principal	Occupation	13 Lender's Job Title			
	attorney		attorney			
14	Lender's Employe	r/Law Firm	<b>15</b> Law Firm of lender's spous	se (if any)		
16	If lender is child, la	w firm of parent(s) (if any)				
17	Description of Coll  X None	ateral	18 Check if personal funds we	ere deposited	l into political account (See Instructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)	
	X not applicable	<b>21</b> Guarantor address; City; State;	Zip Code			
23	Guarantor's Princip	oal Occupation	<b>24</b> Guarantor's Job Title			
25	Guarantor's Emplo	oyer/Law Firm	<b>26</b> Law Firm of guarantor's sp	ouse (if any)		
27	If guarantor is child	d, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this f	orm.		iges Schedule E(J): 2 Rpt: 9/22
2	FILER NAME McCauley, Michael	ael A. (Mr.)		3 Filer ID 000877	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS			\$
5	Date of loan 10/23/2024	7 Name of lender	C (ID#:	)	9 Loan Amount (\$) \$21,038.23
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	тх			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		
	attorney		attorney		
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)	
16	If lender is child, la	w firm of parent(s) (if any)			
17	Description of Coll  X None	ateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
23	X not applicable  Guarantor's Princi	21 Guarantor address; City; State;	Zip Code  Zip Code		
	·	•			
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27	If guarantor is child	d, 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 Committe

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 10/22	McCauley, Michael A. (Mr.) 00087799
4	Date	5 Payee name
	09/30/2024	McCauley, Michael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,500.00	
		TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		partial reimbursement
		partial rembalsement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/07/2024	Murphy Nasica & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		October ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
_	Date	Payee name
	10/16/2024	Murphy Nasica & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	rayee address, City, State, ZIP Code
	Ψ2,000.00	
		TV
		TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		October ads
		55,535. 445
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

# SCHEDULE F1

**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	y - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Travel in Distri Travel Out of D	
	•	The Instruction Guide expl	ains how to comp			
1 Total pages Schedule F1: Sch: 2/2 Rpt: 11/22	l	E Michael A. (Mr.)			3 Filer ID 00087799	(Ethics Commission Filers)
					00087799	
4 Date 10/16/2024	5 Payee name	e Associates				
6 Amount (\$) \$5,598.00	7 Payee addre	ess; City; S	State; Zip Code			
	TX					
8 PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top of th	ais schedule) (b)		outside of Texas. Co , TX, officeholder livi	
Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought		Office I	neld

# 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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)		
Sch: 1/10 Rpt: 12/22	McCauley, Michael	A. (Mr.)		00087799				
4 CREDIT CARD ISSUER	Name of finar	ncial institution bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$116.00	09/28/2024						
7 PAYEE	(a) Payee name	<del></del>	(b) Payee address;	City,	State,	Zip Code		
	US Postal Service		TX					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	PO Box					
X Political	Fees							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(c) Date(s) Credit Card Issuer						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.						
Complete <u>ONLY</u> if direct expenditure 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				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
I = I	Political							
Non-Political	(*) <b>–</b>	of Texas. Complete Schedule T.		000				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
	•							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 2/10 Rpt: 13/22	McCauley, Michael	A. (Mr.)			00087799				
4	CREDIT CARD ISSUER		ncial institution n Express	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$66.89	10/06/2024							
	PAYEE	(a) Payee name Facebook		(b) Payee a		City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip						
		Advertising Expense	of this schedule)	meet & gr	reet ad					
	x Political	J								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense			
9	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
ex	penditure to benefit C/OH			_						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$120.53	10/20/2024							
PAYEE		(a) Payee name	L	(b) Payee a	address;	City,	State,	Zip Code		
	Tractor Supply									
				TX						
	PURPOSE OF	(a) Category	(b) Descrip	tion						
	EXPENDITURE	(See Categories listed at the top of this schedule) Advertising Expense		t-posts						
	X Political	Advertising Expense								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l	Check if Austin, TX,	officeholder living exp	oense			
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held				
ex	kpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$156.35	10/20/2024							
$\vdash$	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	address;	City,	State,	Zip Code		
		1983 Mexi Cafe								
				TX						
	PURPOSE OF	(a) Category	(1)	(b) Descrip						
	EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	of this schedule)	meet & gr	reet					
	X Political									
	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 Offic	e sought		Office held				
ex	kpenditure to benefit C/OH									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense

Candidate/Oniceriolaen/Folitica	· ·	ruction Guide explains how	to complete th		TILN (elitel a categor	y not listed at	ove)	
1 Total pages Schedule F4:	2 FILER NAME	·	-		3 Filer ID (Ethics Commission Filers)			
Sch: 3/10 Rpt: 14/22	McCauley, Michael	A. (Mr.)			00087799			
4 CREDIT CARD ISSUER	Name of finar	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	r Paid			
	\$128.04	10/21/2024						
7 PAYEE	(a) Payee name U-Haul		(b) Payee a	ddress;	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Descript					
EXPENDITURE	I HUCK ICHIAI			al				
X Political	Transportation Equipment And Related Expense							
Non-Political	<del></del>				officeholder living exp	ense		
9 Complete ONLY if direct					Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid			
	\$2,500.00	10/22/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Milestone Collaberative							
PURPOSE OF	(a) Category		TX (b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	consulting expense					
X Political	Consulting Expense		Jonnoung	- CA, POLICO				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid			
	\$25.98	10/02/2024						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Sals Bronx Pizza		TX					
PURPOSE OF	(a) Category		(b) Descript	ion				
EXPENDITURE	(See Categories listed at the top	•	Southside	Business lunch				
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	΄ Γ	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

## 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

1 Total pages Schedule F4: Sch: 4/10 Rpt: 15/22	State,	Zip Code
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) Credit Card Issuer Paid  7 PAYEE  (a) Payee name  Tractor Supply  TX  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  (b) Description t-posts	State,	Zip Code
See previous    See previous   See p	ing expense	Zip Code
\$82.65 10/05/2024  7 PAYEE (a) Payee name (b) Payee address; City,  Tractor Supply  TX  8 PURPOSE OF (a) Category (b) Description (See Categories listed at the top of this schedule) t-posts	ing expense	Zip Code
7 PAYEE (a) Payee name (b) Payee address; City,  Tractor Supply  TX  8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule)  t-posts	ing expense	Zip Code
Tractor Supply  TX  8 PURPOSE OF (a) Category (b) Description t-posts	ing expense	Zip Code
8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) t-posts		
EXPENDITURE (See Categories listed at the top of this schedule) t-posts		
1 1-100313		
X Political Advertising Expense		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living	ld	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH		
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid		
\$633.26 10/16/2024		
PAYEE (a) Payee name (b) Payee address; City,	State,	Zip Code
Neeley's Printing		
TX		
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense		
X Political		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held	d	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid		
\$7.79 10/18/2024		
PAYEE (a) Payee name (b) Payee address; City,	State,	Zip Code
squarespace		
TX		
PURPOSE OF (a) Category (b) Description  EXPENDITURE (See Categories listed at the top of this schedule)		
Advertising Expense		
X Political		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder livir		
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office helder name	d	

## 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/Onicendiden/Folitica		ruction Guide explains hov		complete th		TTIEN (enter a categor	y not listed at	bove)	
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethic	cs Commiss	sion Filers)	
Sch: 5/10 Rpt: 16/22	McCauley, Michael	A. (Mr.)				00087799			
4 CREDIT CARD ISSUER		ncial institution revious	5	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c	) Date(s)	Credit Card Issue	r Paid			
	\$7.57	10/22/2024							
7 PAYEE	(a) Payee name		(b	) Payee a	ddress;	City,	State,	Zip Code	
	Sutherlands								
	( ) 5 :		_	X					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Ι,	) Descript	ion				
l <u> </u>	Advertising Expense	, ,	zip ties						
X Political									
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought				Office held				
expenditure to benefit C/OH	(a) A	(h) D-++ Ol	1.	) D -+- (-)	0	- D-1-1			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(C	e) Date(s) (	Credit Card Issue	r Pald			
	\$2,141.58	10/23/2024							
PAYEE	(a) Payee name			) Payee a	ddress;	City,	State,	Zip Code	
	Milestone Collabera	ative							
			Т	X					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	GOTV text blast						
X Political	· · · · · · · · · · · · · · · · · · ·								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	x, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce so	ought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c	c) Date(s) (	Credit Card Issue	r Paid			
	\$791.10	10/23/2024		,(-,					
PAYEE	(a) Payee name		(b	) Payee a	ddress;	City,	State,	Zip Code	
	Cult Cooot Moiling								
	Gulf Coast Mailing								
			_	X					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	Ι,	) Descript					
l <u> </u>	Advertising Expense	of this schedule)	G	SOTV ma	iler				
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sc	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 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

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00087799 Sch: 6/10 Rpt: 17/22 McCauley, Michael A. (Mr.) **CREDIT CARD** Name of financial institution TOTAL OF UNITEMIZED **EXPENDITURES ISSUER** see previous CHARGED TO A CREDIT CARD PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 10/20/2024 \$27.71 PAYEE (a) Payee name (b) Payee address; Citv. State. Zip Code 1983 Mexi Cafe **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) meet & greet **Event Expense** X Political Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$98.20 10/21/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **U-Haul** TX PURPOSE OF (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) truck rental Transportation Equipment And Related x Political Expense Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH (b) Date of Charge PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid \$54.75 09/30/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code Padre Island Business Assn **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Taste of the Island **Event Expense** X Political Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense

Candidate/Officeriolide//Folitica	· ·	ruction Guide explains how	to complete t		THEN (enter a catego	ory not listed a	bove)	
1 Total pages Schedule F4:		·	•		3 Filer ID (Ethics Commission Filers)			
Sch: 7/10 Rpt: 18/22	McCauley, Michael	A. (Mr.)			00087799		,	
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$633.26	10/03/2024						
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Neeley's Printing		TX					
8 PURPOSE OF	(a) Category		(b) Descrip	tion				
EXPENDITURE								
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin TY	officeholder living ex	mansa		
9 Complete ONLY if direct	Candidate/Officeholder	·	<u> </u>	Check ii Addini, 17,	Office held	фензе		
expenditure to benefit C/OH			9					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$42.05	10/17/2024						
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Victory Store							
			TX					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	name badge					
X Political	/ terrorability =xpoiled							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$230.03	10/18/2024						
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
	Neeley's Printing							
	Neeley 3 Filling		TX					
PURPOSE OF	(a) Category		(b) Descrip	tion				
EXPENDITURE	(See Categories listed at the top	of this schedule)	4x8 signs					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held			
expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete	e this form.	(	,,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Sch: 8/10 Rpt: 19/22	McCauley, Michael	A. (Mr.)			00087799				
4 CREDIT CARD ISSUER		ncial institution revious	EXPE	L OF UNITEMIZED NDITURES GED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(:	s) Credit Card Issue	r Paid				
	\$18.22	10/22/2024							
7 PAYEE	(a) Payee name Silverado Smokeho	ouse	(b) Payee	e address;	City,	State,	Zip Code		
8 PURPOSE OF	(a) Category		(b) Descr	ription					
EXPENDITURE	(See Categories listed at the top		Rep clu	b meeting					
X Political	Food/Beverage Expe	iise							
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	, officeholder living e	xpense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(	s) Credit Card Issue	r Paid				
	\$200.00	10/24/2024							
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code		
	Crush Media								
			TX						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	cc calendar ads						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living e	xpense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$44.60	(b) Date of Charge 10/20/2024	(c) Date(s	s) Credit Card Issue	r Paid				
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code		
	Stripes								
	·		TV						
PURPOSE OF	(a) Category		TX (b) Descr	intion					
EXPENDITURE	(See Categories listed at the top	of this schedule)	gas for						
X Political	Transportation Equipr Expense	ment And Related	gasion	uriadi					
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 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 complete this form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 9/10 Rpt: 20/22	McCauley, Michael	A. (Mr.)			00087799			
4	CREDIT CARD ISSUER		ncial institution 0Fi	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C		\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer	Paid			
		\$500.00	10/09/2024						
7	PAYEE	(a) Payee name		(b) Payee address; City,			State,	Zip Code	
		Blue Canary Marke	ting	TX					
8	PURPOSE OF	(a) Category		(b) Description					
ľ	EXPENDITURE	(See Categories listed at the top of this schedule)							
	X Political	Advertising Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, o	X, officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
6	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer	Paid			
	PAYEE	PAYEE (a) Payee name		(b) Payee address;		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>					
	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	ffice sought Office held					
_	expenditure to benefit C/OH		I	T					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	rd Issuer	Paid			
	PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
Г	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
1	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.						
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
E	expenditure to benefit C/OH								
Г	·								

## 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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	I Committee Gift/Award Legal Serv		Polling Expense Printing Expense Salaries/Wages/Contra	act Labor O	avel in District avel Out of Distric FHER (enter a cat		bove)
			ruction Guide explains h	now to complete thi	s torm.			
1	Total pages Schedule F4:						Ethics Commis	sion Filers)
	Sch: 10/10 Rpt: 21/22	McCauley, Michael				00087799		
4	CREDIT CARD	Name of final	ncial institution		F UNITEMIZED			
	ISSUER	Capit	al One	EXPENDI CHARGE	TURES D TO A CREDIT	\$		
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issue	r Paid		
		\$2,500.00	10/09/2024					
		v=,00000						
7	PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
						•		
		Milestone Collabera	ative					
				TX				
8	PURPOSE OF	(a) Category		(b) Description	on			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	consulting				
	X Political	Consulting Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule		Check if Austin, TX,	officeholder living	evnense	
9	Complete ONLY if direct	Candidate/Officeholder		Office sought	Check ii Addin, 17,	Office held	Схрепас	
	xpenditure to benefit C/OH		-					
l								

## 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 Legal Services The Instruction Guide exp		xpense Vages/Contract Labor		n District Out of District (enter a category not listed	above)		
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID	D (Ethics Commiss	sion Filers)		
	Sch: 1/1 Rpt: 22/22	McCauley,	Michael A. (Mr.)			00087	7799			
4	Date	5 Payee name	 e			1				
	10/21/2024	1 1	Murphy Nasica & Associates							
6	Amount (\$)	7 Payee addr		State; Zip Co	ode					
-	\$21,038.23		,,	, —р -						
	Reimbursement from political contributions intended	TX								
8	PURPOSE	(a) Category (	See Categories listed at the top of the	nis schedule)	(b) Description	Check if tra	vel outside of Texas. Comp	lete Schedule T.		
	OF EXPENDITURE	Advertisin	g Expense			Check if Au	stin, TX, officeholder living e	expense		
					advertising maile	er #1				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held			
	Date	Payee name	9							
	10/23/2024	Murphy Na	asica & Associates							
	Amount (\$)	Payee addr	Payee address; City; State; Zip Code							
	\$21,038.23									
	Reimbursement from political contributions intended	TX								
	PURPOSE	Category (	See Categories listed at the top of the	nis schedule)	Description	Check if tra	vel outside of Texas. Comp	lete Schedule T.		
	OF EXPENDITURE	Advertising Expense				Check if Au	stin, TX, officeholder living of	expense		
	-				advertising maile	er #2				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held			
	Date	Payee name	 e							
	09/29/2024	Rodela , P	at							
	Amount (\$)	Payee addr	ess; City; S	State; Zip Co	ode					
	\$100.00									
	Reimbursement from									
	X political contributions intended	TX								
	PURPOSE	Category (	See Categories listed at the top of the	nis schedule)	Description	Check if tra	vel outside of Texas. Comp	lete Schedule T.		
	OF EXPENDITURE	Event Exp	ense			Check if Au	stin, TX, officeholder living	expense		
	EXPENDITORE				reimbursement fo	or meet &	greet expenses			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held			