## JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instructior	Guide explains how to con	plete this form.	1 Filer ID (Ethics Commission 00087799	n Filers)	2 Total page	s filed: 18
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	Mr.	Michael A.			OFFIC	
NAME	1011.	Michael 74.			Date Received	
					ELECTRON	ICALLY FILED
	NICKNAME	LAST		SUFFIX	01/14/2025	
	NICKNAME			30111X		
		McCauley				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-deliver	ed or Date Postmarked
OFFICEHOLDER	PO Box 6926					
MAILING	1 0 000 0020				Receipt #	Amount
ADDRESS						
Change of Address	Corpus Christi, TX 78466	6			Date Processed	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER		Cecil				
NAME		Cecil				
	NICKNAME	LAST			SUFFIX	
		Childers				
6 CAMPAIGN	STREET ADDRESS (NO P	D BOX PLEASE);	APT / S	SUITE #; CITY;	:	STATE; ZIP CODE
TREASURER ADDRESS	425 Santa Monica					
ADDRE35						
(Residence or Business)						
	Corpus Christi, TX 78412	L				
7 CAMPAIGN	AREA CODE PHC	NE NUMBER	EXTENSION			
TREASURER PHONE	(361) 947-0696					
FHONE						
8 REPORT						
TYPE	X January 15	30th day before	election Ru	noff	15th day afte	r campaign treasurer
						(officeholder only)
	July 15	8th day before	election 🗌 Ex	ceeded modified	Final Report	(Attach C/OH-FR)
				oorting limit		, , , , , , , , , , , , , , , , , , ,
a						
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	10/27/2024	TH	IROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
	11/05/2024		innary			
	11/03/2024		eneral	Special		
			· · · · ·			
					(if )	
11 OFFICE	OFFICE HELD (if any)		1	2 OFFICE SOUGHT		
	District Judge District 28	h Nueces		District Judge Dis	strict 28th	
		GO 1	O PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us		Ve	rsion V4.1.0.5dd2ace2

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 18

T

13 C / OH NAME	McCauley, Michael A	. (Mr.)	14 Filer ID 00087799	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with d officeholders are required to report this inform	nout the candidate's or offic	eholder's knowledge or
Additional Pages		COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	ЛЕ	
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS	
16 CONTRIBUTION TOTALS	\$ 0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	<b>\$</b> 2,515.38
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 39,931.17
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH	HE LAST DAY OF THE	<b>\$</b> 4,616.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS	S AS OF THE LAST DAY	<b>\$</b> 64,204.87
17 AFFIDAVIT		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	es all information required	ccompanying report is to be reported by me
		Mi	r. Michael A. McCauley	
		Signatu	re of Candidate or Officeho	blder
AFFIX NC	)TARY STAMP / SEAL AB	OVE		
		aid		day
of	, 20, to c	ertify which, witness my hand and seal of office		
Signature of offi	icer administering oath	Printed name of officer administering oat	h Title of office	er administering oath
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

S	UBT	OTALS - JC/OH	С	-	SHEET PG 3 3 of 18
	ER NAM Cauley	ИЕ r, Michael A. (Mr.)	19 Filer ID 00087799	(Ethics C	ommission Filers)
		E SUBTOTALS SCHEDULE		SUE	3TOTAL AMOUNT
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,515.38
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	22,128.41
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	12,630.32
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	5,172.44
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	22,128.41
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	\$	

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/18
2 FILER NAME			<b>3</b> 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 (\$)
11/04/2024	Anthony Law Firm		\$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	<b>11</b> Law firm of contributor's sp	oouse (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 (\$)
11/02/2024	Clark, Christopher		\$500.00
	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	TX 78409		
Contributor's F	Principal Occupation	Contributor's Job Title	
business ow		business owner	
	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)		
Data	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 11/02/2024	Full name of contributor out-of-state PAC (ID#: Skinner, Abie	)	Amount of Contribution (\$) \$515.38
11/02/2024			
	Contributor address; City; State; Zip Code		
	тх		
business ow	Principal Occupation	Contributor's Job Title	
		business owner	
Contributors e	employer/law firm	Law firm of contributor's sp	Jouse (II any)
If contributor is	s a child, law firm of parent(s) (if any)		
	s a child, law him of parend(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 **1** Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/18 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 11/21/2024 \$500.00 Wandel, John 6 Contributor address; City; State; Zip Code ΤХ Contributor's Principal Occupation 9 Contributor's Job Title 8 business owner business owner 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)

	LOANS (J	UDICIAL)			SCHEDULE E(J)	
		on Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 1/4 Rpt: 6/18		
2	FILER NAME McCauley, Mich	ael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087799		
4	TOTAL OF UN	IITEMIZED LOANS			\$	
5	Date of loan 10/29/2024	7 Name of lender     Image: out-of-state PA       McCauley, Michael	C (ID#:	)	9 Loan Amount (\$) \$2,000.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	ТХ			<b>11</b> Maturity Date	
12	Lender's Principal attorney	Occupation	13 Lender's Job Title attorney			
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)		
16	If lender is child, la	aw firm of parent(s) (if any)				
17	Description of Col	lateral	18 Check if personal funds we	ere deposited	l into political account (See Instructions)	
19	GUARANTOR INFORMATION	20 Name of guarantor	I —		22 Amount Guaranteed (\$)	
	X not applicable	21 Guarantor address; City; State;	Zip Code			
23	Guarantor's Princi	pal Occupation	<b>24</b> Guarantor's Job Title			
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27	If guarantor is chil	d, law firm of parent(s) (if any)				

## LOANS (JUDICIAL) SCHEDULE E(J) Total pages Schedule E(J): 1 The Instruction Guide explains how to complete this form. Sch: 2/4 Rpt: 7/18 2 FILER NAME Filer ID (Ethics Commission Filers) 3 McCauley, Michael A. (Mr.) 00087799 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) 10/31/2024 McCauley, Michael \$19,918.41 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest Rate financial institution? 11 Maturity Date No ТΧ 12 Lender's Principal Occupation 13 Lender's Job Title attorney attorney 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral 18 Check if personal funds were deposited into political account (See Instructions) X None 19 GUARANTOR 22 Amount Guaranteed (\$) 20 Name of guarantor INFORMATION ..... X not applicable 21 Guarantor address; City; State; Zip Code 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)

LOAN	S (JUDICIAL)			SCHEDULE E(J)	
	uction Guide explains how to complete this	form.	1 Total pages Schedule E(J): Sch: 3/4 Rpt: 8/18		
2 FILER NAME McCauley,	E Michael A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087799		
<sup>4</sup> TOTAL O	F UNITEMIZED LOANS			\$	
5 Date of loan 11/12/2024		AC (ID#:	)	9 Loan Amount (\$) \$110.00	
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
No	тх			<b>11</b> Maturity Date	
12 Lender's Prir	ncipal Occupation	13 Lender's Job Title			
attorney		attorney			
14 Lender's Em	ployer/Law Firm	<b>15</b> Law Firm of lender's spous	e (if any)		
16 If lender is cl	hild, law firm of parent(s) (if any)				
17 Description of	of Collateral	18 Check if personal funds we	re deposited	d into political account	
X None				(See Instructions)	
19 GUARANTO INFORMATI	5			22 Amount Guaranteed (\$)	
X not applic	cable <b>21</b> Guarantor address; City; State;	Zip Code			
<b>22</b> Guarantaria	Principal Occupation	24 Guarantor's Job Title			
23 Guarantor S	r incipal Occupation	24 Guarantor S Job Thie			
25 Guarantor's	Employer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
	is child, law firm of parent(s) (if any)				
27 If guarantor i					

LOANS	(JUDICIAL)			SCHEDULE <b>E(J)</b>	
The Instruc	ction Guide explains how to complete this t	form.	1 Total pages Schedule E(J): Sch: 4/4 Rpt: 9/18		
	lichael A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087799		
<sup>4</sup> TOTAL OF	UNITEMIZED LOANS			\$	
5 Date of loan 12/15/2024	7 Name of lender Out-of-state PA McCauley, Michael	AC (ID#:	)	9 Loan Amount (\$) \$100.00	
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
No	ТХ			<b>11</b> Maturity Date	
12 Lender's Princ attorney	ipal Occupation	13 Lender's Job Title attorney			
14 Lender's Empl	oyer/Law Firm	<b>15</b> Law Firm of lender's spous	se (if any)		
16 If lender is chil	d, law firm of parent(s) (if any)				
17 Description of	Collateral	<b>18</b> Check if personal funds we	ere deposited	l into political account (See Instructions)	
19 GUARANTOR INFORMATIO		1		22 Amount Guaranteed (\$)	
X not applicat		Zip Code			
23 Guarantor's Pr	incipal Occupation	24 Guarantor's Job Title			
25 Guarantor's Er	nployer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
<b>27</b> If guarantor is	child, law firm of parent(s) (if any)				

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Ex Gift/Awards/Memo re Legal Services	pense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 10/18		Cauley, Michael A. (M	lr.)				00087799	
4	Date	5 Pay	ee name						
	10/31/2024		Cauley, Michael						
6	Amount (\$)	<b>7</b> Pay	ee address; City;	State;	; Zip Coo	le			
	\$12,600.00								
		тх	78411						
8	PURPOSE	(a) Cat	egory (See Categories listed	at the top of this sch	nedule)	(b) Description			
	OF		an Repayment/Reimb		ieduic)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	n, TX,	officeholder living	expense
						partial reimbu	urse	ement	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	· (	Dffice sou	ht		Office he	eld
	Date	Pay	ee name						
	11/02/2024	-	/Pal						
	Amount (\$)		ee address; City;	State	; Zip Co	10			
		Fay	ee address, City,	State,	, zip coo				
	\$15.38								
		тх							
	PURPOSE OF EXPENDITURE	<b>(a)</b> Cat Fee		at the top of this sch	nedule)			de of Texas. Com , officeholder living	
	Complete ONLY if direct		idate/Officeholder name	. (	Office sou	ht		Office he	eld
	expenditure to benefit C/OI	1							
	Date	Pa	ee name						
	11/02/2024	-	/Pal						
	Amount (\$)	Pay	ee address; City;	State	; Zip Co	le			
	\$14.94								
		тх							
	PURPOSE	<b>(a)</b> Cat	egory (See Categories listed	at the top of this sch	nedule)	(b) Description			
		Fee			-			de of Texas. Com	
	EXPENDITURE						n, TX,	officeholder living	expense
						PayPal fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate/Officeholder name	. (	Dffice sou	ht		Office he	eld
⊢									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	erage Expense Is/Memorials Expense	Loan Repayme Office Overhea Polling Expens Printing Expen	ent/Reimbursement ad/Rental Expense se	Tra Tra Tra	licitation/Fundraisir ansportation Equipr avel in District avel Out of District THER (enter a cated	ment & Related	·
		The Inst	ruction Guide explains	how to compl	lete this form.		-		
1	Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Et	hics Commiss	sion Filers)
	Sch: 1/5 Rpt: 11/18	McCauley, Michael	A. (Mr.)				00087799		
4	CREDIT CARD	Name of fina	ncial institution	5 TOT	TAL OF UNITEMIZ	ΖED			
	ISSUER	America	n Express		PENDITURES ARGED TO A CRE RD	EDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dat	te(s) Credit Card Is	ssuer	Paid		
		\$59.23	10/30/2024						
7	PAYEE	(a) Payee name		(b) Pay	yee address;		City,	State,	Zip Cod
		wal-mart							
_		(a) Catagony		TX (b) Day	orintion				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	• •	scription / for trunk or trea	ht			
	X Political	Event Expense		candy		u			
	Non-Political		of Texas. Complete Schedu			n, TX,	officeholder living e	xpense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	rname	Office sought			Office held		
e		(a) Amount Charged	(b) Date of Charge	(c) Dat	e(s) Credit Card Is	SCILO	Paid		
						Suci	Faiu		
		\$7.79	11/18/2024						
	PAYEE	(a) Payee name		(b) Pay	yee address;		City,	State,	Zip Cod
		squarespace							
				TX					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)		scription				
		Advertising Expense		websi	ite				
	X Political	- · ·							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedu	le T.	Check if Austi	n, TX,	officeholder living e	xpense	
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	r name	Office sought			Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Dat	te(s) Credit Card Is	ssuer	<sup>r</sup> Paid		
		\$7.79	12/18/2024						
	PAYEE	(a) Payee name		(b) Pay	yee address;		City,	State,	Zip Cod
		squarespace		тх					
	PURPOSE OF	(a) Category			scription				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	websi					
	X Political	Advertising Expense							
	Non-Political		of Toyas Complete Sebadu	h T	Chook if Austin	n TV	officaboldar living a	vpopeo	
		(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedu	e I. Office sought		II, IX,	officeholder living e	xpense	
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Curdinate/Oniceriolde	i name	emee sought			Shiele field		
	rmo provided by T	thios Commission		ototo turi-					0 5440-
-0	rms provided by Texas E	UTICS COMMISSION	www.ethics.	siale.lx.US			vei	rsion V4.1.	v.suuzao

## **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

Zip Code

Zip Code

Zip Code

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Fees Food/l - Gift/A I Committee Legal	KPENDITURE CATEGO Expense Beverage Expense vards/Memorials Expense Services	DRIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of Distr	uipment & Related E	
			s now to complete this form.			· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F4:					(Ethics Commiss	sion Fliers)
Sch: 2/5 Rpt: 12/18	McCauley, Mich			00087799		
4 CREDIT CARD ISSUER		inancial institution e previous	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$139.04	11/11/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	U-Haul		ТХ			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the	top of this schedule)	U-haul rental for sign	removal		
X Political	Expense					
Non-Political		side of Texas. Complete Schedu	Ile T. Check if Aus	tin, TX, officeholder livir	ng expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeho	der name	Office sought	Office held	d	
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description			
Non-Political	(C) Check if travel out	side of Texas. Complete Schedu	ule T.			
Complete ONLY if direct	Candidate/Officehol		Office sought	Office held	d	
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule)	(b) Description			
Non-Political	(C) Check if travel out	side of Texas. Complete Schedu	ule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officehol	•	Office sought	Office held	d	

SCHEDULE F4

**EXPENDITURES MADE BY CREDIT CARD** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Bev - Gift/Award	erage Expense ds/Memorials Expense	RIES FOR BOX 10(a) Loan Repayment/Reimbursement 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 categr	ent & Related E	
Candidate/Onicenolden/Politica			how to complete this form.	OTTLK (enter a catego	ny not iisteu at	Jove)
<b>1</b> Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	ion Filers)
Sch: 3/5 Rpt: 13/18	McCauley, Michae	l A. (Mr.)		00087799		
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZ			
ISSUER	Сарі	tal One	EXPENDITURES CHARGED TO A CRE CARD	DIT		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$2,243.70	10/30/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Milestone Collaber	ative				
			TV			
8 PURPOSE OF	(a) Category		TX (b) Description			
EXPENDITURE	(See Categories listed at the top	o of this schedule)	2nd text blast			
X Political	Advertising Expense					
Non-Political	(c) Check if travel outside	e of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholde	r name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
	\$2,118.34	11/04/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Milestone Collaber	ative				
			TV			
PURPOSE OF	(a) Category		TX (b) Description			
EXPENDITURE	(See Categories listed at the top	o of this schedule)	3rd text blast			
X Political	Advertising Expense					
Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholde	r name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
				<i>.</i>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description			
Political						
Non-Political	(c) Chock if travel enterty	e of Texas. Complete Schedule				
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholde		Office sought	Office held		
expenditure to benefit C/OH			<b>v</b>			

SCHEDULE F4

**EXPENDITURES MADE BY CREDIT CARD** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve /- Gift/Award I Committee Legal Serv	erage Expense Is/Memorials Expense vices	Loan Repayment/Reimbursement St Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr	olicitation/Fundraisi ransportation Equip ravel in District ravel Out of District THER (enter a cate	ment & Related E	
						· · · · <b>-</b> · · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F4:				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 4/5 Rpt: 14/18	McCauley, Michael	, ,		00087799		
4 CREDIT CARD ISSUER		ncial institution nase	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$419.79	(b) Date of Charge 10/31/2024	(c) Date(s) Credit Card Issue	er Paid		
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Neeley's Printing		тх			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	50 yard signs			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX,	, officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	r name Of	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Non-Political		of Texas. Complete Schedule		05		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Of	ffice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Daid		
	(a) Amount Chargeu	(b) Date of Charge		i Faiu		
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			
Non-Political						
		of Texas. Complete Schedule		Office hold		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	i name Of	ffice sought	Office held		

SCHEDULE F4

# EXPENDITURES MADE BY CREDIT CARD

	EXPENDITURE	:5 MADE	ы		Ŭ		S	CHEDUL	e F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By		Event Exp Fees Food/Beve	ENDITURE CATEGOF ense erage Expense s/Memorials Expense	RIES FOR BOX Loan Repayment/F Office Overhead/R Polling Expense Printing Expense	Reimbursement Sc Rental Expense Tr Tr	plicitation/Fundraisin ansportation Equipm avel in District avel Out of District	g Expense nent & Related B	Expense
	Candidate/Officeholder/Politica	I Committee	Legal Serv	rices	Salaries/Wages/Co	ontract Labor O	THER (enter a categ	ory not listed at	ove)
				ruction Guide explains I	now to complete	this form.	1		
L	Total pages Schedule F4: Sch: 5/5 Rpt: 15/18			$\Lambda$ (Mr)			3 Filer ID (Eth 00087799	nics Commiss	ion Filers)
1	CREDIT CARD	McCauley,		ncial institution		OF UNITEMIZED	00087799		
•	ISSUER			s Fargo	EXPE	NDITURES GED TO A CREDIT	\$		
3	PAYMENT	(a) Amount Cha	arged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
		\$28.31		11/11/2024					
7	PAYEE	(a) Payee name	9		(b) Payee	address;	City,	State,	Zip Cod
		U-Haul							
					ТХ				
3	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	ed at the top	of this schedule)	(b) Descri				
	X Political	Transportatio		ment And Related	0-naul n	ental for sign pick	up		
	Non-Political	Expense	avel euteide	of Texas. Complete Schedule			officeholder living e	vnonco	
9	Complete <u>ONLY</u> if direct	Candidate/Off		•	office sought		Office held	xpense	
e	expenditure to benefit C/OH				0				
PAYMENT		(a) Amount Cha	arged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
		\$148.45	5	11/11/2024					
	PAYEE	(a) Payee name	9	•	(b) Payee	address;	City,	State,	Zip Cod
		U-Haul							
					ТХ				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	ed at the top	of this schedule)	(b) Descri	iption or sign pickup			
	X Political	Transportatio Expense	n Equipi	ment And Related	u-nauric	n sign pickup			
	Non-Political			of Texas. Complete Schedule		Check if Austin, TX,	officeholder living e	xpense	
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Off	iceholder	name C	office sought		Office held		

**EXPENDITURES MADE BY CREDIT CARD** 

Zip Code

Zip Code

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reinbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       xpense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above)			
1 Total pages Schedule G: Sch: 1/2 Rpt: 16/18	2 FILER NAME McCauley, Michael A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087799			
4 Date 12/15/2024	5 Payee name College Republicans at TAMUCC				
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	тх				
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 donation for Christmas party			
9 Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held					
Date	Payee name				
11/12/2024	Dreamers & Walkers Consulting				
Amount (\$) \$110.00	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	ТХ				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense election day assistance			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought Office held				
Date	Date Payee name				
10/29/2024	Murphy Nasica & Associates				
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code				
X Reimbursement from political contributions intended	ТХ				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought Office held			

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep. Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement rrhead/Rental Expense pense xpense Vages/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:	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)			
Ĺ	Sch: 2/2 Rpt: 17/18	McCauley, Michael A. (Mr.)		00087799			
4	Date 10/31/2024	5 Payee name Murphy Nasica & Associates					
6	Amount (\$) \$19,918.41	7 Payee address; City; State; Zip Code					
	Reimbursement from           political contributions           intended	тх	тх				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Advertising Expense	mailer #3	Check if Austin, TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held			

OUTSTAN	NDING LOANS	SCHEDULE L
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 18/18
2 FILER NAME McCauley, Mich	iael A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087799
LENDER INFORMATION	<ul> <li>4 Name of lender McCauley, Michael</li> <li>5 Lender address; City; State; Zip Code</li> <li>TX</li> </ul>	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicable	7 Guarantor address; City; State; Zip Code	