JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00087799

2 Total pages filed: 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: The Honorable
FIRST: Michael A.
MI:
NICKNAME:
LAST: McCauley
SUFFIX:

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 07/15/2025

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

REDACTED PER 254.0313, GOV'T CODE

Date Hand-delivered or Date Postmarked:
Receipt #:
Amount:
Date Processed:
Date Imaged:

5 CAMPAIGN TREASURER NAME

MS / MRS / MR:
FIRST: Cecil
MI:
NICKNAME:
LAST: Childers
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

REDACTED PER 254.0313, GOV'T CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION: (361) 947-0696

8 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☒ July 15
- ☐ 8th day before election
- ☐ Exceeded modified reporting limit
- ☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 01/01/2025 THROUGH Month Day Year: 06/30/2025

10 ELECTION

ELECTION DATE: Month Day Year

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other
- ☐ General
- ☐ Special

11 OFFICE

OFFICE HELD (if any): District Judge District 28 Nueces

12 OFFICE SOUGHT (if known):

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

13 C / OH NAME	McCauley, Michael A. (The Honorable)	**14** Filer ID (Ethics Commission Filers)
		00087799

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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)	**$** 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$** 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	**$** 1,333.42
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 4,616.28
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 64,204.87

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Michael A. McCauley

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
McCauley, Michael A. (The Honorable)	00087799

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ☐	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	**$**
2. ☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3. ☐	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	**$**
4. ☐	SCHEDULE E(J): LOANS (JUDICIAL)	**$**
5. ☐	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
6. ☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
7. ☐	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
8. ☒	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$** 1,333.42
9. ☐	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	**$**
10. ☐	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$**
11. ☐	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
12. ☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

EXPENDITURES MADE BY CREDIT CARD

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
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 4/7	McCauley, Michael A. (The Honorable)		00087799
4 CREDIT CARD ISSUER	Name of financial institution: american express	**5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$**

6 PAYMENT	(a) Amount Charged: $388.64	(b) Date of Charge: 03/05/2025	(c) Date(s) Credit Card Issuer Paid:
7 PAYEE	(a) Payee name: Gulf Coast Mailing		(b) Payee address; City, State, Zip Code: TX
8 PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense		(b) Description: invitations
	(c) [ ] Check if travel outside of Texas. Complete Schedule T.		[ ] Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT	(a) Amount Charged: $122.00	(b) Date of Charge: 03/16/2025	(c) Date(s) Credit Card Issuer Paid:
PAYEE	(a) Payee name: US Postal Service		(b) Payee address; City, State, Zip Code: TX
PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule): Fees		(b) Description: PO box fee
	(c) [ ] Check if travel outside of Texas. Complete Schedule T.		[ ] Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT	(a) Amount Charged: $155.95	(b) Date of Charge: 04/27/2025	(c) Date(s) Credit Card Issuer Paid:
PAYEE	(a) Payee name: U-Haul		(b) Payee address; City, State, Zip Code: TX
PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule): Fees		(b) Description: fee for movers to relocate signs
	(c) [ ] Check if travel outside of Texas. Complete Schedule T.		[ ] Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

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
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 5/7	McCauley, Michael A. (The Honorable)		00087799
4 CREDIT CARD ISSUER	Name of financial institution: see previous	**5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$**

6 PAYMENT	(a) Amount Charged: $150.00	(b) Date of Charge: 02/11/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name: Nueces County Republican Party		(b) Payee address; City, State, Zip Code: TX
8 PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule): Event Expense		(b) Description: tkt to dinner
	(c) [ ] Check if travel outside of Texas. Complete Schedule T.		[ ] Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT	(a) Amount Charged: $95.00	(b) Date of Charge: 03/05/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name: Coastal Bend Women Lawyer		(b) Payee address; City, State, Zip Code: TX
PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule): Event Expense		(b) Description: tkt to luncheon
	(c) [ ] Check if travel outside of Texas. Complete Schedule T.		[ ] Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT	(a) Amount Charged: $355.00	(b) Date of Charge: 03/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name: Padre Island Business Assn		(b) Payee address; City, State, Zip Code: TX
PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense		(b) Description: newsletter
	(c) [ ] Check if travel outside of Texas. Complete Schedule T.		[ ] Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 3/3 Rpt: 6/7	**2** FILER NAME McCauley, Michael A. (The Honorable)		**3** Filer ID (Ethics Commission Filers) 00087799
4 CREDIT CARD ISSUER	Name of financial institution see previous	**5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$**
6 PAYMENT	(a) Amount Charged $66.83 / (b) Date of Charge 04/28/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name U-Haul	(b) Payee address; City, State, Zip Code TX	
8 PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description fee for uhaul rental	
	(c) [ ] Check if travel outside of Texas. Complete Schedule T.	[ ] Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule L: Sch: 1/1 Rpt: 7/7
2 FILER NAME McCauley, Michael A. (The Honorable)	**3** Filer ID (Ethics Commission Filers) 00087799

LENDER INFORMATION	**4** Name of lender McCauley, Michael
	5 Lender address; City; State; Zip Code TX
GUARANTOR INFORMATION [X] not applicable	**6** Name of guarantor
	7 Guarantor address; City; State; Zip Code