

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

*FINANCIAL REPORT*

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **(MR)** FIRST **MICHAEL** MI **J**  
NICKNAME **MIKE** LAST **MCCABE** SUFFIX

**RECEIVED**  
OFFICE USE ONLY  
Date Received  
Henderson County  
Election Administration  
Date Hand-delivered or Date Postmarked  
Receipt # Amount \$  
Date Processed  
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
**TOOL, TX 75148**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**1**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **(MR)** FIRST **MICHAEL** MI **J**  
NICKNAME **MIKE** LAST **MCCABE** SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
**TOOL TX 75143**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 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 COH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**11 / 14 / 2023 THROUGH 2 / 23 / 2024**

11 ELECTION

ELECTION DATE: Month Day Year **11 / 05 / 2024**  
ELECTION TYPE:  
 Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any): OFFICE SOUGHT (if known):  
**COUNTY COMMISSIONER PCT 1**

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <u>MICHAEL MCCABE</u>		16 Filer ID (Ethics Commission Filers)
17 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 EXPENDITURE.	\$ <u>4503.99</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4503.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <u>SELF</u>	\$ <u>4503.99</u>

18 SIGNATURE 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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

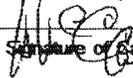
NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

(2) Unsworn Declaration

My name is MICHAEL MCCABE and my date of birth is 2 FEB 1956  
 My address is \_\_\_\_\_ DOOL TX 75143 USA  
(street) (city) (state) (zip code) (country)  
 Executed in HENDERSON County, State of TEXAS, on the 1<sup>st</sup> day of MARCH 2024  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>MICHAEL MCCABE</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>4503.99</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Printing	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expenses	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorabilia Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>	2 FILER NAME <b>MICHAEL MCCABE</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-14-23</b>	5 Payee name <b>OSPS</b>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$51.00</b>	7 Payee address: City: State: Zip Code <b>TRINDAO TX 75163</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>PO BOX RENTAL</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name <b>MICHAEL MCCABE</b>	Office sought <b>COMMISSIONER PET.1</b>
Date <b>11-21-23</b>	Payee name <b>NETWORK SOLUTIONS (COMBINED X2)</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$46.70</b>	Payee address: City: State: Zip Code <b>INTERNET</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>INTERNET/EMAIL/SITE HOSTING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name <b>MICHAEL MCCABE</b>	Office sought <b>COMMISSIONER PET.1</b>
Date <b>11-21-23</b>	Payee name <b>FEDEX OFFICE</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>\$43.82</b>	Payee address: City: State: Zip Code <b>INTERNET</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>LIT CARDS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name <b>MICHAEL MCCABE</b>	Office sought <b>COMMISSIONER PET.1</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Assessor/Merchandise Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (entire category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>	2 FILER NAME <b>MICHAEL MCCABE</b>	3 Filer ID (Ethics Commission Filer)
4 Date <b>11-21-23</b>	5 Payee name <b>HENDERSON COUNTY REPUBLICAN PARTY</b>	
6 Amount (\$) <b>\$ 750.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: <b>ATHENS, TX</b> State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>FILING FEE</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>MICHAEL MCCABE</b> Office sought: <b>COMMISSIONER P.T. 1</b> Office held:		
Date <b>12-11-23</b>	Payee name <b>FEDEx OFFICE</b>	
Amount (\$) <b>\$65.37</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: <b>INTERNET</b> State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	Description <b>LIT. CARDS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>MICHAEL MCCABE</b> Office sought: <b>COMMISSIONER P.T. 1</b> Office held:		
Date <b>2-5-24</b>	Payee name <b>FASTSIGNS</b>	
Amount (\$) <b>\$1042.52</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: <b>DALLAS, TX</b> State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>SIGNS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: <b>MICHAEL MCCABE</b> Office sought: <b>COMMISSIONER P.T. 1</b> Office held:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(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                     |
| Credit Card Payment  | 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 G: <b>4</b>	2 FILER NAME <b>MICHAEL MCCABE</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-6-24</b>	5 Payee name <b>THOMAS GRAPHICS</b>	
6 Amount (\$) <b>\$1767.88</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code <b>AUSTIN, TX</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	(b) Description <b>CAMPAIGN CARDS, LIST, MAILING.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>MICHAEL MCCABE COMMISSIONER P.C. 1</b>	
Date <b>2-22-24</b>	Payee name <b>TRACTOR SUPPLY (COMBINED X3)</b>	
Amount (\$) <b>\$108.40</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <b>MADANK, TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>T-POSTS, SIGN TOOLS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>MICHAEL MCCABE COMMISSIONER P.C. 1</b>	
Date <b>2-22-24</b>	Payee name <b>SLAP-N-GOOD BBQ</b>	
Amount (\$) <b>\$41.30</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <b>GUNBARREL CITY, TX</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FSB EXPENSES</b>	Description <b>VOLUNTEER DINNER</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>MICHAEL MCCABE COMMISSIONER P.C. 1</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                                |                               |  |
|--|--------------------------------|-------------------------------|--|
| Advertising Expense                          | Event Expenses                 | Loan Repayment/Reimbursement  | Solicitation/Fundraising Expense           |
| Accounting/Bookkeeping                       | Fees                           | Office Overhead/Rent/Expense  | Transportation Equipment & Related Expense |
| Consulting Expense                           | Food/Beverage Expenses         | Printing Expense              | Travel In District                         |
| Contributions/Donations Made By              | Gift/Banquet/Memorials Expense | Printing Expense              | Travel Out Of District                     |
| Candidate/Officer/Holder/Political Committee | Legal Services                 | Salaries/Wages/Contract Labor | Other (enter a category not listed above)  |
| Credit Card Payees                           |                                |                               |  |

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>4</b>		2 FILER NAME: <b>MICHAEL McCABE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date: <b>2-23-24</b>		5 Payee name: <b>MEDIA DIVE, LLC</b>			
6 Amount (\$): <b>\$587.00</b> <input type="checkbox"/> Reimbursement from political contributions interest		7 Payee address: <b>MABANK, TX</b> City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>ADVERTISING</b>		(b) Description: <b>ADS IN MONITOR</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name: <b>MICHAEL McCABE</b>		Office sought: <b>COMMISSIONER PET. 1</b>	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

MICHAEL MCCABE

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

*[Handwritten Signature]*

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

*[Handwritten Signature]*

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

*[Handwritten Signature]*

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.*

OFFICE USE ONLY	
Date Received <u>LINCOLN</u>	
Henderson County Election Administration	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>MICHAEL McCABE</u>	Filer ID #
-------------------------------------	------------

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the FINAL report due on 1 MARCH 2024.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

**Please complete either option below:**

**(1) Affidavit**

\_\_\_\_\_  
Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

**(2) Unsworn Declaration**

My name is MICHAEL McCABE, and my date of birth is 2 FEB 1956

My address is 1 \_\_\_\_\_ TDC TX 75143 USA  
(city) (state) (zip code) (country)

Executed in HENDERSON County, State of TEXAS, on the 1<sup>st</sup> day of MARCH, 20 24.  
(month) (year)

\_\_\_\_\_  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**