

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE 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) 00087641	2 Total pages filed: 20					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Dale T.	MI	OFFICE USE ONLY				
	NICKNAME	LAST Huls	SUFFIX		Date Received ELECTRONICALLY FILED 02/25/2024			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 327 County Road 4280 De Kalb, TX 75559		ZIP CODE	Date Hand-delivered or Date Postmarked				
				Receipt # Amount				
				Date Processed				
				Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Richie R.	MI					
	NICKNAME	LAST Grant	SUFFIX					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3307 Pleasant Grove Road Texarkana, TX 75503							
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(903)	244-4635						
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)							
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)							
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year	
	01	26	2024		02	24	2024	
10 ELECTION	ELECTION DATE		ELECTION TYPE					
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special
	03	05	2024					
11 OFFICE	OFFICE HELD (if any)				12 OFFICE SOUGHT (if known) State Representative District 1			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Huls, Dale T. (Mr.)	14 Filer ID (Ethics Commission Filers) 00087641
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> 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)	\$	16,300.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	22,216.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,787.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

 Mr. Dale T. Huls
 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
 _____ Printed name of officer administering
 _____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Huls, Dale T. (Mr.)		19 Filer ID (Ethics Commission Filers) 00087641
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,550.24
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 22,216.07
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 447.50

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AIKMAN, EMILY <hr/> 6 Contributor address; City; State; Zip Code MOUNT PLEASANT, TX 75567	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALSTON,, THOMAS <hr/> Contributor address; City; State; Zip Code TEXARKANA, TX 75503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASSINGER, JIMMY <hr/> Contributor address; City; State; Zip Code HIGHLAND VILLAGE, TX 75077	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELIEW, KAREN <hr/> Contributor address; City; State; Zip Code TEXARKANA, TX 75501	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIGBIE, BIFF <hr/> Contributor address; City; State; Zip Code LINDALE, TX 75771	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROYLES, KC <hr/> 6 Contributor address; City; State; Zip Code SPRINGFIELD, TN 37172	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURBUTES, PHILLIP (Dr.) <hr/> Contributor address; City; State; Zip Code TEXARKANA, TX 75501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NATUROPATHIC DOCTOR		Employer (See Instructions) SELF
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBLESS, DANA <hr/> Contributor address; City; State; Zip Code BULLARD, TX 75757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTENBERRY, ROCKY <hr/> Contributor address; City; State; Zip Code MOUNT VERNON, TX 75457	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT OF MANUFACTURING		Employer (See Instructions) PRIEFERT MANUFACTURING
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTIAN, WAYNE <hr/> Contributor address; City; State; Zip Code CENTER, TX 75935	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) TEXAS RAILROAD COMMISSIONER		Employer (See Instructions) TEXAS RAILROAD COMMISSION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRUMP, DANNY <hr/> 6 Contributor address; City; State; Zip Code TEXARKANA, TX 75501	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOTY, RICK <hr/> Contributor address; City; State; Zip Code REDWATER, TX 75573	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) DOTY RICHMOND TXK, LLC
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FABRY, THOMAS <hr/> Contributor address; City; State; Zip Code TYLER, TX 75703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLEMING, JOANN <hr/> Contributor address; City; State; Zip Code FLINT, TX 75762	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, MIKE <hr/> Contributor address; City; State; Zip Code MAUD, TX 75567	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/9 Rpt: 7/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, MIKE <hr/> 6 Contributor address; City; State; Zip Code MAUD, TX 75567	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) REAL ESTATE INVESTOR		9 Employer (See Instructions) SELF EMPLOYED
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOX, KL <hr/> Contributor address; City; State; Zip Code MABANK, TX 75147	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALES, ROBERTO (Mr.) <hr/> Contributor address; City; State; Zip Code LEAGUE CITY, TX 77573	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PROCESS CONTROL SUPERINTENDENT		Employer (See Instructions) OXY VINYLS LP
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HULS, MARY (Mrs.) <hr/> Contributor address; City; State; Zip Code DEKALB, TX 75455	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTSON,, DONNA (Ms.) <hr/> Contributor address; City; State; Zip Code DEKALB, TX 79995	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Karen <hr/> 6 Contributor address; City; State; Zip Code DAINGERFIELD, TX 75935	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAYNES, BILLIE <hr/> Contributor address; City; State; Zip Code LINDEN, TX 75563	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF EMPLOYED
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, TROY (Ms.) <hr/> Contributor address; City; State; Zip Code PARIS, TX 75960	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) FACTORY WORKER		Employer (See Instructions) UNNAMED
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANE, L <hr/> Contributor address; City; State; Zip Code HUMBLE, TX 77339	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LICCIARDI, CRAIG <hr/> Contributor address; City; State; Zip Code TYLER, TX 75701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVALL, DEBBIE <hr/> 6 Contributor address; City; State; Zip Code NASH, TX 75569	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) LOAN OFFICER		9 Employer (See Instructions) RED RIVER CREDIT UNION
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVEALL, DEBBIE <hr/> Contributor address; City; State; Zip Code NASH, TX 75569	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) LOAN OFFICER		Employer (See Instructions) RED RIVER CREDIT UNION
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUX, CAROLYN <hr/> Contributor address; City; State; Zip Code FREDERICKSBURG, TX 78624	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MASON, DAVID <hr/> Contributor address; City; State; Zip Code CARROLLTON, TX 75006	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCLAUGHLIN, BELINDA <hr/> Contributor address; City; State; Zip Code DAINGERFIELD, TX 75638	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOBBS, JENNIFER <hr/> 6 Contributor address; City; State; Zip Code TYLER, TX 75701	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, THOMAS <hr/> Contributor address; City; State; Zip Code TYLER, TX 75702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) AMERICAN COLLECTORS ASSOCIATION
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OMBERG, ROGER <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77038	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORR, KEITH <hr/> Contributor address; City; State; Zip Code TEXARKANA, TX 75503	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, CELIA <hr/> Contributor address; City; State; Zip Code MAUD, TX 75567	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, BRETT <hr/> 6 Contributor address; City; State; Zip Code TYLER, TX 75703	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) MARKETING		9 Employer (See Instructions) SELF EMPLOYED
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHLIE, SCOTT <hr/> Contributor address; City; State; Zip Code TEXARKANA, TX 75501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PROPERTY MANAGER		Employer (See Instructions) UNKNOWN
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMMONS, SONJA <hr/> Contributor address; City; State; Zip Code TYLER, TX 75701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SINCLAIR, KAREN <hr/> Contributor address; City; State; Zip Code MISSOURI CITY, TX 77459	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) PSYCHOLOGIST		Employer (See Instructions) GHPI
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, ANGELA <hr/> Contributor address; City; State; Zip Code FREDRICKSBURG, TX 78624	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) GUEST		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STALLINGS, KYLE <hr/> 6 Contributor address; City; State; Zip Code MIDLAND, TX 79702	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) CHIEF EXECUTIVE OFFICER		9 Employer (See Instructions) DESERT ROYALTY COMPANY LLC
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THISTLEWAITE, BARRY <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75238	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TECHINAL WRITER		Employer (See Instructions) GXO INC
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UTZ, Alicia <hr/> Contributor address; City; State; Zip Code TEXARKANA, TX 75501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELSH, JOHN <hr/> Contributor address; City; State; Zip Code TEXARKANA, TX 75501	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) TEXARKANA ISD
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, WADE <hr/> Contributor address; City; State; Zip Code NEW BOSTON, TX 75570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 13/20	
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/30/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, LISA	8 Amount of contribution (\$) \$450.00	9 In-kind contribution description DISCOUNT FROM ORIGINAL OF \$1250 FOR CATERING MEET AND GREET EVENT
	7 Contributor address; City; State; Zip Code DEKALB, TX 75559	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER		11 Employer (FOR NON-JUDICIAL) (See instructions) CLASSIC CATERING	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, LISA	Amount of contribution (\$) \$300.00	In-kind contribution description RENTAL FEE FOR MEET AND GREET AT EVENT CENTER
	Contributor address; City; State; Zip Code DEKALB, TX 75559	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) OWNER		Employer (FOR NON-JUDICIAL) (See instructions) REED V EVENT CENTER	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 Committee
Credit Card Payment

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 F1: Sch: 1/6 Rpt: 14/20	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/01/2024	5 Payee name ANEDOT	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION SITE FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name ANEDOT	
Amount (\$) \$1.10	Payee address; City; State; Zip Code 1340 POYDRAS STREET NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION SITE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name ANEDOT	
Amount (\$) \$64.90	Payee address; City; State; Zip Code 1340 POYDRAS STREET NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION SITE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 Committee
Credit Card Payment

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 F1: Sch: 2/6 Rpt: 15/20	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/14/2024	5 Payee name ANEDOT	
6 Amount (\$) \$39.20	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION SITE FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name ANEDOT	
Amount (\$) \$12.01	Payee address; City; State; Zip Code 1340 POYDRAS STREET NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION SITE FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name BIG RED	
Amount (\$) \$7,902.00	Payee address; City; State; Zip Code 2300 OLYMPIA DRIVE UNIT 271192 FLOWER MOUND, TX 75027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TEXT MESSAGING CAMPAIGN
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 Committee
Credit Card Payment

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 F1: Sch: 3/6 Rpt: 16/20	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
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4 Date 02/14/2024	5 Payee name CASS COUNTY CITIZENS JOURNAL-SUN
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 306 WEST MAIN STREET ATLANTA, TX 75551
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN ADS IN CASS COUNTY CITIZENS JOURNAL-SUN
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2024	Payee name CLASSIC CATERING
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Amount (\$) \$800.00	Payee address; City; State; Zip Code 101 FRONT STREET DEKALB, TX 75559
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CATERING FOR EVENT 2/8/24
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/10/2024	Payee name CLEVERFRIDGE INC
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Amount (\$) \$58.66	Payee address; City; State; Zip Code 350 N CLARK SUITE 700 CHICAGO, IL 60654
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOFTWARE MANAGEMENT COMPRESSION AND FILESHARING SOFTWARE SUITE FOR
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 Committee
Credit Card Payment

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 F1: Sch: 4/6 Rpt: 17/20	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
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4 Date 02/09/2024	5 Payee name DESIGNER GRAPHICS
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6 Amount (\$) \$1,913.30	7 Payee address; City; State; Zip Code 124404 HWY155 SOUTH TYLER, TX 75702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4X8 AND 4X4 CAMPAIGN SIGNS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2024	Payee name FRONTIER MEDIA
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Amount (\$) \$4,760.00	Payee address; City; State; Zip Code 615 OLIVE STREET TEXARKANA, TX 75501
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN RADIO ADS ON FM107.1
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/30/2024	Payee name REED V EVENT CENTER
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 101 FRONT STREET DEKALB, TX 75559
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RENTAL OF EVENT CENTER 2/08/24
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 Committee
Credit Card Payment

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 F1: Sch: 5/6 Rpt: 18/20	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/30/2024	5 Payee name THE BIG RED LLC	
6 Amount (\$) \$4,000.00	7 Payee address; City; State; Zip Code 2300 OLYMPIA DRIVE UNIT 271192 FLOWER MOUND, TX 75027	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name TRACTOR SUPPLY CO	
Amount (\$) \$449.00	Payee address; City; State; Zip Code 907 NORTH CENTER STREET NEW BOSTON, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T POSTS AND CABLE TIES FOR LARGE CAMPAIGN SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2024	Payee name XPRESSO PRINT CAFE	
Amount (\$) \$697.80	Payee address; City; State; Zip Code 111 UNIVERSITY PLACE TYLER, TX 75702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2000 CAMPAIGN FLYERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 Committee
Credit Card Payment

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 F1: Sch: 6/6 Rpt: 19/20	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641	
4 Date 02/14/2024	5 Payee name XPRESSO PRINT CAFE		
6 Amount (\$) \$697.80	7 Payee address; City; State; Zip Code 111 UNIVERSITY PLACE TYLER, TX 75702		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN FLYERS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 20/20
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 02/22/2024	5 Name of person from whom amount is received DESIGNER GRAPHICS	8 Amount (\$) \$447.50
	6 Address of person from whom amount is received; City; State; Zip Code TYLER , TX 75703	
	7 Purpose for which amount is received OVERCHARGE ON SIGNS	<input type="checkbox"/> Check if political contribution returned to filer