FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 20 00087641 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Dale T. NAME Date Received **ELECTRONICALLY FILED** 02/25/2024 NICKNAME LAST **SUFFIX** Huls CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 327 County Road 4280 MAILING Receipt # Amount **ADDRESS** Change of Address De Kalb, TX 75559 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Richie R. NAME NICKNAME LAST **SUFFIX** Grant STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 3307 Pleasant Grove Road **ADDRESS** (Residence or Business) Texarkana, TX 75503

EXTENSION

THROUGH

χ Primary

General

Runoff

Exceeded modified reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

02/24/2024

12 OFFICE SOUGHT (if known)

State Representative District 1

Year

Other

30th day before election

8th day before election

CAMPAIGN

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

TREASURER

AREA CODE

(903) 244-4635

January 15

Day

Day

03/05/2024

OFFICE HELD (if any)

ELECTION DATE

01/26/2024

Year

Year

July 15

Month

Month

PHONE NUMBER

15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Huls, Dale T. (Mr.)		14 Filer ID 00087641	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	itical expenditures made by political or made without the candidate's or office this information only if they receive no	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASU	IRER NAME			
		COMMITTEE CAMPAIGN TREASU	IRER ADDRESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION	(OTHER THAN PLEDGES, LOANS, IS MADE ELECTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTE	ES OF LOANS)	\$ 16,300.24		
EXPENDITURE TOTALS						
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED RIOD	AS OF THE LAST DAY OF THE	\$ 7,787.61		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	IG LOANS AS OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT			i, under penalty of perjury, that the ac and includes all information required lection Code.			
			Mr. Dale T. Huls			
			Signature of Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	nid	, this the	day		
of	, 20, to co	rtify which, witness my hand and sea	al of office.			
Signature of office	er administering	Printed name of officer adminis	stering Title of office	r administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 20
	ER NAN	ME • T. (Mr.)	19 Filer ID 00087641	(Ethi	cs Commission Filers)
20 SC	HEDUL	E SUBTOTALS SCHEDULE	00001011		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,550.24
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	750.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				\$	22,216.07
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
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 CONTRIBUTION	DNS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	447.50
				-	

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/20	
2	FILER NAME	· (A4r.)			3	Filer ID (Ethics Commission	n Filers)
4	Huls, Dale T	5 Full name of contributor	out-of-state PAC (ID#:	,	7	00087641 Amount of Contribution (\$)	
•	01/31/2024	AIKMAN, EMILY	Out-of-state 1 AC (ID#		ľ	γιπουπε οι Commiscutori (φ)	\$50.00
		6 Contributor address; City; St	ate; Zip Code				
_		MOUNT PLEASANT, TX					
8	Principal occu RETIRED	pation / Job title (See Instructions	9	Employer (See Instructions RETIRED	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ф100 00
	02/12/2024	ALSTON,, THOMAS Contributor address; City; St.	ata: 7in Coda				\$100.00
		Continuator address, City, 36	ate, zip code				
		TEXARKANA, TX 75503					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED			RETIRED	_		
	Date 02/09/2024	Full name of contributor BASSINGER, JIMMY	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	02/03/2024	Contributor address; City; St	ate; Zip Code				Ψ100.00
		HIGHLAND VILLAGE, TX	75077				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
	RETIRED			RETIRED			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/08/2024	BELIEW, KAREN					\$125.00
		Contributor address; City; St					
		TEXARKANA, TX 75501					
	Principal occu RETIRED	pation / Job title (See Instructions		Employer (See Instructions RETIRED	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	#20.00
	02/09/2024	BIGBIE, BIFF Contributor address; City; St.	ato: Zin Codo				\$20.00
		Contributor address, City, St	ate, Zip Code				
		LINDALE, TX 75771					
		pation / Job title (See Instructions		Employer (See Instructions	5)		
	RETIRED			RETIRED			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/20	
2	FILER NAME Huls, Dale T	· (Mr.)		3	Filer ID (Ethics Commission 00087641	on Filers)
4	Date 02/13/2024	Full name of contributor		7	Amount of Contribution (\$)	\$25.00
		SPRINGFIELD, TN 37172				
8	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	s)		
	Date 02/22/2024	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Dringing Lagge	TEXARKANA, TX 75501	Faralayay (Can Instructions			
		pation / Job title (See Instructions) .THIC DOCTOR	Employer (See Instructions SELF	5)		
	Date 02/09/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$50.00
		BULLARD, TX 75757				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: CHRISTENBERRY, ROCKY Contributor address; City; State; Zip Code MOUNT VERNON, TX 75457)	•	Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions) IDENT OF MANUFACTURING	Employer (See Instructions PRIEFERT MANUFACT		RING	
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#: CHRISTIAN, WAYNE Contributor address; City; State; Zip Code CENTER, TX 75935		•	Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions)	Employer (See Instructions		Magical	
	1EXAS RAII	_ROAD COMMISSIONER	TEXAS RAILROAD CO	MN	TISSION	

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/20	
2	FILER NAME Huls, Dale T	. (Mr.)			3	Filer ID (Ethics Commission 00087641	n Filers)
4	Date 02/01/2024	5 Full name of contributor CRUMP, DANNY6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$50.00
_		TEXARKANA, TX 75501					
8	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
	Date 02/13/2024	Full name of contributor DOTY, RICK Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			DOTY RICHMOND TXK		LC		
	Date 02/09/2024	FABRY, THOMAS Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	TYLER, TX 75703 pation / Job title (See Instructions)		Employer (See Instructions)		
	RETIRED			RETIRED			
	Date 02/08/2024	Full name of contributor FLEMING, JOANN Contributor address; City; State; FLINT, TX 75762	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
	Date 02/08/2024	Full name of contributor FOSTER, MIKE Contributor address; City; State; MAUD, TX 75567	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	•	pation / Job title (See Instructions) TE INVESTOR		Employer (See Instructions SELF EMPLOYED)		
	NLAL ESTA	TE INVESTOR		SELF LIVIPLOTED			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/20	
2	FILER NAME Huls, Dale T	. (Mr.)			3	Filer ID (Ethics Commissio 00087641	n Filers)
4	Date 01/31/2024	 5 Full name of contributor out-of-state PAC (ID#:_FOSTER, MIKE 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$100.00
g	Principal occu	MAUD, TX 75567 pation / Job title (See Instructions)	a	Employer (See Instructions	;) 		
0		TE INVESTOR		SELF EMPLOYED	P)		
	Date 02/13/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.24
	Principal occu	mabank, TX 75147 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	UNEMPLOY			UNEMPLOYED			
	Date 02/15/2024	Full name of contributor)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	_	Employer (See Instructions	;) 		
		CONTROL SUPERINTENDENT		OXY VINYLS LP	-,		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ HULS, MARY (Mrs.) Contributor address; City; State; Zip Code DEKALB, TX 75455)		Amount of Contribution (\$)	\$1,000.00
	Principal occu HOMEMAKE	pation / Job title (See Instructions) ER		Employer (See Instructions HOMEMAKER	5)		
	Date 02/03/2024	Full name of contributor out-of-state PAC (ID#:_ HUTSON,, DONNA (Ms.) Contributor address; City; State; Zip Code DEKALB, TX 79995			•	Amount of Contribution (\$)	\$20.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	s)		

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/20	
2	FILER NAME Huls, Dale T	. (Mr.)			3	Filer ID (Ethics Commission 00087641	on Filers)
4	Date 02/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
0	Dringing oggu	DAINGERFIELD, TX 75935	ام	Employer (See Instructions	<u></u>		
0	RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	»)		
	Date 02/08/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	OWNER			SELF EMPLOYED			
	Date 01/31/2024	Full name of contributor out-of-state PAC (I JONES, TROY (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	PARIS, TX 75960 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	FACTORY V	VORKER		UNNAMED			
	Date 02/09/2024	Full name of contributor out-of-state PAC (I LANE, L Contributor address; City; State; Zip Code HUMBLE, TX 77339)	•	Amount of Contribution (\$)	\$15.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 02/10/2024	Full name of contributor out-of-state PAC (I LICCIARDI, CRAIG Contributor address; City; State; Zip Code TYLER, TX 75701	D#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S	SC	HEDULE A1
	The Instru	ction Guide explains how t	o complete this form	n.	1 Total pages Schedu Sch: 6/9 Rpt: 9/20	
2	FILER NAME Huls, Dale T	. (Mr.)			3 Filer ID (Ethics Co 00087641	ommission Filers)
4	Date 02/09/2024	5 Full name of contributor	out-of-state PAC (ID#:e; Zip Code)	7 Amount of Contribu	s1,000.00
L		NASH, TX 75569	10			
8	LOAN OFFI	pation / Job title (See Instructions) CER	9	Employer (See Instructions RED RIVER CREDIT UI		
	Date 02/12/2024	Full name of contributor LOVEALL, DEBBIE Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		Amount of Contribu	tion (\$) \$500.00
	Principal occu	NASH, TX 75569 pation / Job title (See Instructions)		Employer (See Instructions	ls)	
	LOAN OFFIC			RED RIVER CREDIT UI		
	Date 02/10/2024	Full name of contributor LUX, CAROLYN Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	Amount of Contribu	\$10.00
		FREDERICKSBURG, TX 78	3624			
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	is)	
	Date 02/12/2024	Full name of contributor MASON, DAVID Contributor address; City; State CARROLLTON, TX 75006	out-of-state PAC (ID#:e; Zip Code		Amount of Contribu	tion (\$) \$500.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	is)	
	Date 02/08/2024	Full name of contributor MCLAUGHLIN, BELINDA Contributor address; City; State DAINGERFIELD, TX 75638)	Amount of Contribu	tion (\$) \$100.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	is)	
			1			

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete thi	s form.		Total pages Schedule A1: Sch: 7/9 Rpt: 10/20		
2	FILER NAME Huls, Dale T	. (Mr.)			Filer ID (Ethics Commission 00087641	n Filers)	
4	Date 02/09/2024	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$10.00	
0	Dringing oggu	TYLER, TX 75701	Employer (See Instructioner)				
8	RETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	is)			
	Date 02/09/2024	Full name of contributor out-of-state PAC (II MORGAN, THOMAS Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	TYLER, TX 75702 pation / Job title (See Instructions)	Employer (See Instructions				
	EXECUTIVE DIRECTOR AMERICAN COLLI				SASSOCIATION		
	Date 02/12/2024	Full name of contributor out-of-state PAC (II OMBERG, ROGER Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$20.00	
	Dringing agg	HOUSTON, TX 77038	Employer (See Instructions				
	RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	15)			
	Date 01/28/2024	Full name of contributor out-of-state PAC (II ORR, KEITH Contributor address; City; State; Zip Code TEXARKANA, TX 75503			Amount of Contribution (\$)	\$200.00	
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	ıs)			
	Date 02/15/2024	Full name of contributor out-of-state PAC (II PETERSON, CELIA Contributor address; City; State; Zip Code MAUD, TX 75567	D#:)		Amount of Contribution (\$)	\$350.00	
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	ıs)			
			•				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/20	
2	FILER NAME Huls, Dale T	. (Mr.)			3	Filer ID (Ethics Commissio 00087641	n Filers)
4	Date 02/09/2024	 Full name of contributor out-of-state FROGERS, BRETT Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$50.00
_	Dringing Loon	TYLER, TX 75703	lo.	Employer (Con Instructions	<u></u>		
8	MARKETING	pation / Job title (See Instructions)	9	Employer (See Instructions SELF EMPLOYED	5)		
	Date 02/22/2024	Full name of contributor out-of-state F SCHLIE, SCOTT Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$100.00
	Principal occu	TEXARKANA, TX 75501 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	PROPERTY			UNKNOWN	•)		
	Date 01/26/2024	Full name of contributor out-of-state F SIMMONS, SONJA Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Delicalization	TYLER, TX 75701		For all 1997 (October 1997)	<u></u>		
	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 02/10/2024	Full name of contributor out-of-state F SINCLAIR, KAREN Contributor address; City; State; Zip Code MISSOURI CITY, TX 77459	-)		Amount of Contribution (\$)	\$200.00
	Principal occu PSYCHOLO	pation / Job title (See Instructions) GIST		Employer (See Instructions GHPI	5)		
	Date 02/10/2024	Full name of contributor out-of-state F SMITH, ANGELA Contributor address; City; State; Zip Code FREDRICKSBURG, TX 78624	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu GUEST	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	s)		
			•				

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/20	
2	FILER NAME Huls, Dale T	. (Mr.)			3	Filer ID (Ethics Commission 00087641	on Filers)
4	Date 02/12/2024	 5 Full name of contributor out-of-state out-of-)	7	Amount of Contribution (\$)	\$2,500.00
_	Dringing aggr	MIDLAND, TX 79702	lo.	Employer (See Instructions	_		
ð	•	pation / Job title (See Instructions) CUTIVE OFFICER	9	Employer (See Instructions DESERT ROYALTY CC		PANY LLC	
	Date 01/28/2024	Full name of contributor out-of-state THISTLEWAITE, BARRY Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Deinsinal assu	DALLAS, TX 75238		Frankston (Cookstants)	_		
	TECHINAL \	pation / Job title (See Instructions) WRITER		Employer (See Instructions GXO INC	5)		
	Date 02/01/2024	UTZ, Alicia Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	RETIRED	·		RETIRED			
	Date 02/08/2024	WELSH, JOHN				Amount of Contribution (\$)	\$100.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions TEXARKANA ISD	<u>;</u>)		
	Date 02/14/2024	WHITE, WADE)		Amount of Contribution (\$)	\$25.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	()		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Cuide explains how to complete this form			1 Total pages Schedule A2:				
The Instruction Guide explains how to complete this form.			Sch: 1/1 Rpt: 13/20				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Huls, Dale 1	Γ. (Mr.)		00087641				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5 Date	5 Date 6 Full name of contributor out-of-state PAC (ID#:) 01/30/2024 CLARK, LISA		8 Amount of 9 In-kind contribution				
01/30/2024			contribution (\$) description \$450.00 I DISCOUNT FROM				
	7 Contributor address; City; State; Zip Code		ORIGNIAL OF \$1250				
			FOR CATERING MEET				
	DEMAIR TV 75550		I AND GREET EVENT				
10 Dringing Lago	DEKALB, TX 75559	14 Franks on (FOR NON	Check if travel outside of Texas. Complete Schedule T.				
OWNER	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON CLASSIC CATERI	,				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
110 : "		45 1 2 2 2					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•					
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution				
01/30/2024	CLARK, LISA		contribution (\$) description \$300.00 RENTAL FEE FOR MEET				
	Contributor address; City; State; Zip Code		AND GREET AT EVENT				
			CENTER				
	DEKALB, TX 75559		Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
OWNER		REED V EVENT C	ENTER				
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)	l					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	itel a category flot listed above)						
1	Total pages Schedule F1:	·	(Ethics Commission Filers)						
	Sch: 1/6 Rpt: 14/20	Huls, Dale T. (Mr.) 00087641							
4	Date	5 Payee name							
	02/01/2024	ANEDOT							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$20.30	1340 POYDRAS STREET							
		NEW ORLEANS, LA 70112							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF FUNDITURE FEES Check if travel outside of Texas. Complete Sche									
		Check if Austin, TX, officeholder DONATION SITE FEES	living expense						
		DONATION SITE LES							
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	e held						
9	expenditure to benefit C/OI		e neid						
_									
	Date	Payee name							
	02/01/2024	ANEDOT							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1.10	1340 POYDRAS STREET							
		NEW ORLEANS, LA 70112							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas.							
	EXI ENDITORE	Check if Austin, TX, officeholder	living expense						
		DONATION SITE FEES							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	e held						
	expenditure to benefit C/OI		e neiu						
	Date	Payee name							
	02/13/2024	ANEDOT							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$64.90	1340 POYDRAS STREET							
		NEW ORLEANS, LA 70112							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas.							
		Check if Austin, TX, officeholder DONATION SITE FEES	living expense						
		DONATION SITE PEES							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	te held						
	Complete ONLY if direct expenditure to benefit C/OI	U	c nelu						

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 15/20	Huls, Dale T. (Mr.) 00087641
4	Date	5 Payee name
	02/14/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION SITE FEES
		DONATION SITE FEES
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION SITE FEES
	Complete ONLY if direct expenditure to benefit C/OI	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TEXT MESSAGING CAMPAIGN
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Opnations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Gu		Wages	s/Contract Labor		OTHER (enter a	category not listed above)		
				inde explains now to co	Jilipi	ete tilis iorili.	_		(E1): 0 : : E1)	_	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)		
	Sch: 3/6 Rpt: 16/20	Huls, Dale	e T. (Mr.)					00087641			
4	Date	5 Payee nan	ne								
	02/14/2024		OUNTY CITIZENS	JOURNAL-SUN							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Co	ode					_	
\$600.00 306 WEST MAIN STREET											
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
		ATI ANIT /	TV 75554								
		ATLANTA	A, TX 75551								
8	PURPOSE	(a) Category	(See Categories listed at th	ne top of this schedule)	(b)	Description					
	OF EXPENDITURE	Advertisir	ng Expense						plete Schedule T.		
						—		officeholder living			
						JOURNAL-SI			COUNTY CITIZENS		
						300KW/L 30	OIV				
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ught			Office h	eld		
	expenditure to benefit C/Oi	1									
	Date	Payee nan	ne								
	01/30/2024	CLASSIC	CATERING								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode						
	\$800.00	´	NT STREET	, μ							
	φουσ.σσ	1011101	VI OTKEET								
		DELVALD	T)/ 75550								
		DEKALB,	TX 75559								
	PURPOSE	(a) Category	(See Categories listed at th	ne top of this schedule)	(b)	Description					
	OF EXPENDITURE	Event Exp	oense		Check if travel outside of Texas. Complete Schedule T.						
							Check if Austin, TX, officeholder living expense CATERING FOR EVENT 2/8/24				
						CATERING	-01	REVENII ZI	8/24		
					<u> </u>						
	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ught			Office h	eld		
	experientare to benefit 6/61										
	Date	Payee nan	пе								
	02/10/2024	CLEVER	FRIDGE INC								
	Amount (\$)	Payee add	ress; City;	State; Zip Co	ode						
	\$58.66	350 N CL	ARK								
		SUITE 70									
		CHICAGO	D, IL 60654								
	PURPOSE OF		(See Categories listed at th	ne top of this schedule)	(b)	Description					
	EXPENDITURE	CAMPAIC	SN MATERIALS						plete Schedule T.		
						_		officeholder living	g expense IT COMPRESSION AN	יר	
						FILESHARIN				ט	
_					Ļ						
	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office sou	ught			Office h	eld		
	experientare to benefit 6/01	•									

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 4/6 Rpt: 17/20	Huls, Dale T. (Mr.) 00087641						
4	Date	5 Payee name						
	02/09/2024	DESIGNER GRAPHICS						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	\$1,913.30	124404 HWY155 SOUTH						
		TYLER, TX 75702						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.				
	-			Check if Austin, TX, officeholder living expense 4X8 AND 4X4 CAMPAIGN SIGNS				
				470 AND 474 CAMPAIGN SIGNS				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht.	Office held				
9	expenditure to benefit C/OI		igni	Office field				
_	D :							
	Date	Payee name						
	02/15/2024	FRONTIER MEDIA						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$4,760.00	615 OLIVE STREET						
		TEXARKANA, TX 75501						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.					
Check if Austin, TX, officeholder living expense POLITICAL CAMPAIGN RADIO ADS								
				TOLITICAL CAMILATON NADIO ADS ON TIMEST.				
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held				
	expenditure to benefit C/OI		igiit	Office field				
_	Data							
	Date 01/30/2024	Payee name						
		REED V EVENT CENTER						
	Amount (\$)	Payee address; City; State; Zip Co	ode					
	\$200.00	101 FRONT STREET						
		DEKALB, TX 75559						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
				RENTAL OF EVENT CENTER 2/08/24				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	L ight	Office held				
	expenditure to benefit C/OI		9.11	Cindo Hold				
l								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memor Legal Services The Instruction	ials Expense Guide explains		Vages	s/Contract Labor		Travel Out of OTHER (en		trict category not listed above)		
1	Total pages Schedule F1:	2	EII ED NIAME				_		2	Filer ID		(Ethics Commission Filers)	
•	Sch: 5/6 Rpt: 18/20	ı									11	(Euros Commission i licis)	
	·		Huls, Dale	ı . (IVII .)					$ldsymbol{f f f f f f f f f f f f f $	0008764	+1		
4	Date	ı	Payee name										
	01/30/2024		THE BIG RI	ED LLC									
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de						
	\$4,000.00		2300 OLYM	IPIA DRIVE									
			UNIT 27119	92									
		1		- 10UND, TX 7	5027								
_	DUDDOCE	├				 1	(h)	Descripti					
8	PURPOSE OF			ee Categories listed	at the top of this sc	chedule)	(a)	Description Check if travel (Outei	de of Teves	Com	plete Schedule T.	
	EXPENDITURE		Advertising	∟xpense				Check if Austin,					
								DIGITAL AD\				•	
9	Complete ONLY if direct		`andidate/∩ffi	ceholder name		Office sou	u aht			Offic	e he	eld	
	expenditure to benefit C/OF		1616415/UIII	Jonatha Hallie		oc 300	Aill			Oilic	J 116	·· ··	
—	Data	_							_				
	Date	ı	Payee name										
01/29/2024 TRA			TRACTOR	SUPPLY CO									
	Amount (\$)	_ 	Payee addre	ss; City;	State	e; Zip Co	de		_		_		
	\$449.00		907 NORTH	H CENTER S	TREET								
		├		ON, TX 7570									
	PURPOSE OF			ee Categories listed	at the top of this sc	chedule)	(b)	Description	0.	do of T	C-	oloto Cobodula T	
	EXPENDITURE		Advertising	Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
				H					S AND CABLE TIES FOR LARGE				
								CAMPAIGN S				5 <u></u>	
_	Complete ONLY if direct		`andidate/Offi	ceholder name		Office sou	ght			Offic	e he	eld	
	expenditure to benefit C/Oh												
	Date		Payee name										
	01/26/2024		XPRESSO	PRINT CAFE									
	Amount (\$)	Г	Payee addres	ss; City;	State	e; Zip Co	de						
	\$697.80	ı	•	RSITY PLACI									
	,												
			TYLER, TX	75702					_				
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	chedule)	(b)	Description					
	OF EXPENDITURE		Printing Exp	ense								plete Schedule T.	
								Check if Austin,				expense	
								2000 CAMPA	чG	IN FLYEF	15		
							<u> </u>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name		Office sou	ght			Offic	e he	eld	
	CAPETIGITATE TO DELIE III C/OF								_				
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Gift/Awar Legal Se	verage Expense rds/Memorials Expense rvices struction Guide explai		pense ages/Contract Lab		Travel in Distric Travel Out of D OTHER (enter	
1	Total pages Schedule F1: Sch: 6/6 Rpt: 19/20		R NAME s, Dale T. (Mr.))			3	Filer ID 00087641	(Ethics Commission Filers)
4	Date		e name	/					
	02/14/2024		ESSO PRINT						
6	Amount (\$) \$697.80	111	e address; UNIVERSITY ER, TX 75702	PLACE	ate; Zip Co	de			
8	PURPOSE					(b) Description	on		
J	OF EXPENDITURE		ting Expense	ories listed at the top of this	schedule)	Check if	f travel outs f Austin, TX	, officeholder livin	mplete Schedule T. Ig expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candid H	date/Officeholde	er name	Office sou	jht		Office h	eld

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