

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00087641		2 Total pages filed: 13		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Dale T.	MI MI	ELECTRONICALLY FILED 02/23/2024		
	NICKNAME	LAST Huls	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____				
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01/01/2024			THROUGH	01/25/2024	

6 EXPLANATION OF CORRECTION

IT CAME TO MY ATTENTION THAT THERE WAS A \$2 A MONTH CHARGE FROM OUR BANK FOR PAPER STATEMENTS. THESE EXPENSES FOR THE PAST 10 MONTHS WERE MADE AGGREGATE AFTER SPEAKING TO A CONSULTANT FROM THE SOS OFFICE.

THERE ALSO WAS A LATE NOTICE OF A DONATION SITE FEE OF \$16.30 THAT CAME THRU IN FEB.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Dale T.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2024
	NICKNAME	LAST Huls	SUFFIX	
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); 3307 Pleasant Grove Road Texarkana, TX 75503		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 244-4635	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 01/01/2024	THROUGH	Month Day Year 01/25/2024	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District HD 1		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)	\$	4,302.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	8,196.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,186.45
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	\$ 4,302.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,196.33
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/13
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, KEITH <hr/> 6 Contributor address; City; State; Zip Code DOUGLASVILL, TX 75560	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BONDS, JIMMY <hr/> Contributor address; City; State; Zip Code TEXARKANA, TX 75503	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/11/2024	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 (\$) \$160.00
Principal occupation / Job title (See Instructions) NATUROPATHIC DOCTOR		Employer (See Instructions) SELF
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOTY, RICHARD <hr/> Contributor address; City; State; Zip Code REWATER, TX 75573	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) DOTY RICHMONDTX. LLC
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOPER, DONALD <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77010	Amount of Contribution (\$) \$400.00
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: 2/3 Rpt: 6/13
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGGINS, ADAM <hr/> 6 Contributor address; City; State; Zip Code NEW BOSTON, TX 75570	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) DCMA
Date 01/03/2024	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
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRUPICKA, JEFFERY <hr/> Contributor address; City; State; Zip Code PARIS, TX 75460	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SUPPLY CHAIN		Employer (See Instructions) FASTENAL
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVENDER, GEORGE <hr/> Contributor address; City; State; Zip Code TEXARKANA, TX 75503	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 01/25/2024	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 (\$) \$1,000.00
Principal occupation / Job title (See Instructions) LOAN OFFICER		Employer (See Instructions) RED RIVER CREDIT UNION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/13
2 FILER NAME Huls, Dale T. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, THOMAS <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHARES, BEVERLY <hr/> Contributor address; City; State; Zip Code MAUD, TX 75567	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNRUH, LENITA <hr/> Contributor address; City; State; Zip Code BLOSSOM, TX 75416	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) UNRUH CONCRETE PUMPING
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, John <hr/> Contributor address; City; State; Zip Code Hooks, TX 75561	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Retired

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: 8/13	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/24/2024	5 Payee name AMERICAN MEDIA	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 3204 SUMMERHILL ROAD TEXARKANA, TX 75501	
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 RADIO SPOTS FOR FEB 8 MEET AND GREET
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2024	Payee name ANEDOT	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 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 01/04/2024	Payee name ANEDOT	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET SUITE 1770 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

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: 9/13	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/06/2024	5 Payee name ANEDOT	
6 Amount (\$) \$4.30	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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2024	Payee name ANEDOT	
Amount (\$) \$12.30	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 FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2024	Payee name ANEDOT	
Amount (\$) \$12.30	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

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: 10/13	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
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4 Date 01/18/2024	5 Payee name ANEDOT
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6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 POYDRAS STREET NEW ORLEANS, LA 70112
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/18/2024	Payee name ANEDOT
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Amount (\$) \$16.30	Payee address; City; State; Zip Code 1340 POYDRAS STREET NEW ORLEANS, LA 70112
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/10/2024	Payee name BEST BUY
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Amount (\$) \$64.39	Payee address; City; State; Zip Code 4210 ST MICHAEL DRIVE TEXARKANA, TX 75503
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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 CAMPAIGN MATERIALS , INK AND PAPER FOR SURVEYS
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Complete ONLY 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: 11/13	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/25/2024	5 Payee name CADENCE BANK	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 320 N MCCOY BLVD NEW BOSTON, TX 75570	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAPER FEE OF \$2 PER MONTH FOR PAST 10 MONTHS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/18/2024	Payee name DESIGNER GRAPHICS	
Amount (\$) \$2,518.65	Payee address; City; State; Zip Code 124404 HWY155 SOUTH TYLER, TX 75702	
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 4 X8 CAMPAIGN SIGNS, BINYL BUMPERSTICKER DECALS 2 FT LENGTH
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2024	Payee name PARKER, HOLLY	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 826 CT 3130 COOKVILLE, TX 75460	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 MANAGER SALARY FOR JAN.
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: 5/6 Rpt: 12/13	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/12/2024	5 Payee name RUPUBLICAN WOMEN OF RED RIVER VALLEY	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code BOX 1575 PARIS, TX 75460	
8 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 COST FOR TABLE AT THE DINNER HONORING SENATOR BRIAN HUGHES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/23/2024	Payee name SHIPP OUTDOOR LLC	
Amount (\$) \$3,700.00	Payee address; City; State; Zip Code 2801 RICHMOND ROAD #43 TEXARKANA, TX 75503	
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 BILLBOARD ADS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2024	Payee name TRACTOR SUPPLY CO	
Amount (\$) \$207.59	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 TO MOUNT LARGE SIGNS
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: 6/6 Rpt: 13/13	2 FILER NAME Huls, Dale T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087641
4 Date 01/10/2024	5 Payee name TRACTOR SUPPLY CO	
6 Amount (\$) \$179.60	7 Payee address; City; State; Zip Code 907 NORTH CENTER STREET NEW BOSTON, TX 75703	
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 SIGN MATERIALS T-POSTS, CABLE, TIES TO MOUNT LARGE SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2024	Payee name USPS	
Amount (\$) \$51.00	Payee address; City; State; Zip Code 312 W FRONT STREET DE KALB, TX 75559	
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 POSTAGE STAMPS FOR MAILERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2024	Payee name USPS	
Amount (\$) \$255.00	Payee address; City; State; Zip Code 312 W FRONT STREET DE KALB, TX 75559	
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 POSTAGE STAMPS FOR MAILERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held