

# 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)

2 Total pages filed: **4**

**OFFICE USE ONLY**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mr. Dale T  
NICKNAME LAST SUFFIX  
McQueen

Date Received  
**2/23/2024  
10:05 AM**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
**738 E FM 1396  
Ivanhoe, TX 75447**

*Wicki Miller*

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 903 ) 227-9020

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Ms. Deana  
NICKNAME LAST SUFFIX  
Staton

Receipt # Amount \$

Date Processed  
**2/23/2024**

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
**3324 W. FM 898  
Bonham, TX 75418**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 903 ) 227-0692

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)  
July 15  8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**2 / 6 / 24 THROUGH 2 / 22 / 24**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary Runoff Other Description  
**3 / 5 / 24** General Special

12 OFFICE

OFFICE HELD (if any)  
**Commissioner, Pct 1**

13 OFFICE SOUGHT (if known)  
**Commissioner, Pct 1**

14 NOTICE FROM POLITICAL COMMITTEE(S)

**THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.**

|                  |                |                                      |
|------------------|----------------|--------------------------------------|
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|                  | GENERAL        | COMMITTEE ADDRESS                    |
|                  | SPECIFIC       | COMMITTEE CAMPAIGN TREASURER NAME    |
|                  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                     |   |   |
|-------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Dale McQueen |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>       | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                       |
|                                     | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0.00                                       |
| <b>EXPENDITURE TOTALS</b>           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ 0.00                                       |
|                                     | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,352.00                                   |
| <b>CONTRIBUTION BALANCE</b>         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1339.47                                    |
| <b>OUTSTANDING LOAN TOTALS</b>      | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 1028.96                                    |

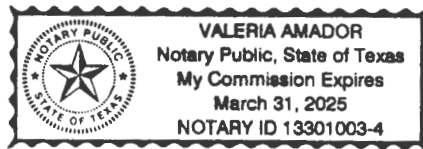
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Dale McQueen*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dale McQueen this the 23 day of February, 2024, to certify which, witness my hand and seal of office.

Valeri Amador Printed name of officer administering oath  
Valeria Amador Title of officer administering oath  
Notary

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G<br><b>2</b>   | <b>2</b> FILER NAME<br><b>Dale McQueen</b>  | <b>3</b> Filer ID (Ethics Commission Filers)                   |
| <b>4</b> Date<br><b>02/06/2024</b>  | <b>5</b> Payee name<br><b>Fannin County Leader</b>  |  |
| <b>6</b> Amount (\$)<br><b>398.00</b><br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address;<br><b>224 N Main St.</b>  | City: <b>Bonham</b> State: <b>TX</b> Zip Code <b>75418</b>     |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> | <b>(b)</b> Description<br><b>Newspaper advertising -2/6/24</b> |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                                     | Check if Austin, TX, officeholder living expense               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                                      |
| Date<br><b>02/08/2024</b>   | Payee name<br><b>Fannin County Leader</b>   |  |
| Amount (\$)<br><b>318.00</b><br><small>Reimbursement from political contributions intended</small>          | Payee address;<br><b>224 N Main St.</b>   | City: <b>Bonham</b> State: <b>TX</b> Zip Code <b>75418</b>     |
| <b>8</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>            | Description<br><b>Newspaper advertising 2/13/24</b>            |
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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