

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: <i>3</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Dale</i>	MI <i>T</i>	OFFICE USE ONLY		
	NICKNAME <i>McQueen</i>	LAST	SUFFIX	Date Received <i>01-14-26</i> <i>by Angela Frazier</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>738 E FM 1396</i> APT / SUITE #: <i>100</i> CITY: <i>Ivanhoe</i> STATE: <i>TX</i> ZIP CODE: <i>75447</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>227-9020</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>01-14-26</i> Receipt # <i></i> Amount \$ <i></i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Dale</i>	FIRST <i>McQueen</i>	MI <i>T</i>	Date Processed <i>01-14-26</i> Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <i>738 E FM 1396</i> APT / SUITE #: <i></i> CITY: <i>Ivanhoe</i> STATE: <i>TX</i> ZIP CODE: <i>75447</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>227-9020</i>	EXTENSION			
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>10</i>	Day <i>27</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 3 / 2026</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Fannin County TREASURER</i>		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
<i>Dale McQueen</i>		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,500.00</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

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 _____ 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

OR

(2) Unsworn Declaration

My name is Dale McQueen, and my date of birth is 9/25/1959.
My address is 738 E FM 1396, Fannin, TX, 75447.
(street) (city) (state) (zip code) (country)

Executed in Fannin County, State of Texas, on the 13 day of January, 2026.
(month) (year)

Dale McQueen

Signature of Candidate/Officeholder (Declarant)

LOANS

SCHEDULE E

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule E: 1</p>
<p>2 FILER NAME <i>Dale McQueen</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED LOANS</p>				<p>\$</p>
<p>5 Date of loan 12-10-2025</p>	<p>7 Name of lender <i>Dale McQueen</i></p> <p><input type="checkbox"/> out-of-state PAC (ID#:</p>			<p>9 Loan Amount (\$) <i>1,500.00</i></p>
<p>6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>	<p>8 Lender address: City: State: Zip Code <i>738 E FM 1396 Ioanho TX 75447</i></p>			<p>10 Interest rate <i>0</i></p>
<p>12 Principal occupation / Job title (See Instructions) <i>Manager</i></p>			<p>13 Employer (See Instructions) <i>Bois D'Arc MUD</i></p>	
<p>14 Description of Collateral none</p>			<p>15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>	
<p>16 GUARANTOR INFORMATION not applicable</p>	<p>17 Name of guarantor</p> <p>18 Guarantor address: City: State: Zip Code</p>			<p>19 Amount Guaranteed (\$)</p>
<p>20 Principal Occupation (See Instructions)</p>			<p>21 Employer (See Instructions)</p>	
<p>Date of loan</p>	<p>Name of lender <input type="checkbox"/> out-of-state PAC (ID#:</p>			<p>Loan Amount (\$)</p>
<p>Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>	<p>Lender address: City: State: Zip Code</p>			<p>Interest rate</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Description of Collateral none</p>			<p>Check if personal funds were deposited into political account (See Instructions)</p>	
<p>GUARANTOR INFORMATION not applicable</p>	<p>Name of guarantor</p> <p>Guarantor address: City: State: Zip Code</p>			<p>Amount Guaranteed (\$)</p>
<p>Principal Occupation (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				