

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>Joe</i>	MI <i>R</i>	OFFICE USE ONLY	
	NICKNAME	LAST <i>Hale</i>	SUFFIX	Date Received FOR RECORD RUSK COUNTY, TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
<i>Henderson (Tx 75654</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
<i>(903) 404-6236</i>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>Ken</i>	MI <i>G</i>	Date Hand-delivered or Date Postmarked	
	NICKNAME	LAST <i>Hale</i>	SUFFIX	RECEIPT	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; <i>Henderson</i>	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
<i>(903) 521 2164</i>					
9 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit
<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month	Day
<i>7/01/2025</i>				THROUGH <i>12/31/2025</i>	
11 ELECTION	ELECTION DATE Month Day Year <i>11/3/22</i>			ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
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.				
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME			
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

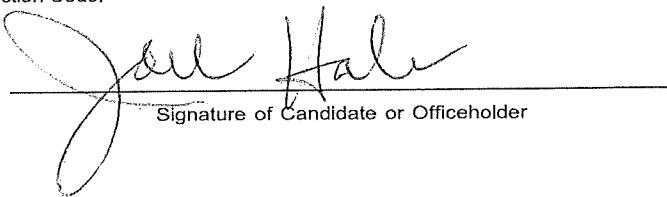
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

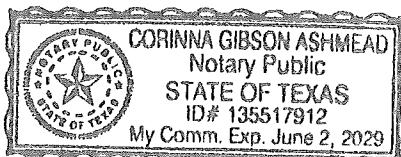
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF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

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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Joel Hale this the 13 day of January,

20 20, to certify which, witness my hand and seal of office.

Conrad L. Voss

Corinna Gibson Ashmead

Att Auditor

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
11-8-2025	4 Payee name	Rusk County Republican Party	
6 Amount (\$) 750 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; Van Buren	City; State; Zip Code Henderson TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Filing fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			