Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY
Date Received
Date Filed 10/6/14
Rebecca Huerta
Date Hand Delivered or Postmarked
Rebecca Huerta
City Secretary
Receipt #
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR: Mr. FIRST: Eldon MI: D NICKNAME: Dan LAST: McQueen SUFFIX:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ change of address	ADDRESS / PO BOX: 1102 Leopard St APT / SUITE #: CITY: Corpus Christi STATE: TX. ZIP CODE: 78401
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 236-0529 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS MRS MR: Mr. FIRST: Clifford MI: A. NICKNAME: Cliff LAST: Harris SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 1017 Antelope St. APT / SUITE #: CITY: Corpus Christi STATE: TX ZIP CODE: 78401
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361) PHONE NUMBER: 887-9274 EXTENSION:

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 $500 limit
- ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month	Day	Year		Month	Day	Year
01	16	2014	THROUGH	10	06	2014

11 ELECTION

ELECTION DATE: Month 11 Day 04 Year 2014

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Mayor

GO TO PAGE 2

INDEXED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
Mr. Dan McQueen	

16 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	$ 1444.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

18 AFFIDAVIT

MARY ANN PENA
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-28-2016

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eldon D. McQueen, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Mary Ann Peña	Mary Ann Peña	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees
Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense
Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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 ACCOUNT # (Ethics Commission Filers)
1 of 3	Eldon D. McQueen	

4 Date	5 Payee name
8/1/14	City of Corpus Christi

6 Amount ($)	7 Payee address; City; State; Zip Code
100.00 ☒ Reimbursement from political contributions intended	1201 Leopard ST Corpus Christi TX 78401

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)
	Fees	Campaign Application Fee

Date	Payee name
8/1/14	Vista Print

Amount ($)	Payee address; City; State; Zip Code
146.98 ☒ Reimbursement from political contributions intended	8877 Inkster Rd Taylor MI 48180

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
	Printing Expense	Business Cards

Date	Payee name
8/1/14	Just Host

Amount ($)	Payee address; City; State; Zip Code
14.99 ☒ Reimbursement from political contributions intended	1958 S. 950 E. Provo UT 84606

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
	Consulting Expense	Web Host

Date	Payee name
8/1/14	Face book

Amount ($)	Payee address; City; State; Zip Code
25.51 ☒ Reimbursement from political contributions intended	1601 Willow Rd Menlo Park CA 94025

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
	Advertising Expense	Ad Boost

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees
Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense
Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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 ACCOUNT # (Ethics Commission Filers)
2 of 3	Eldon D. McQueen	

4 Date	5 Payee name
8/2/14	Vista Print

6 Amount ($)	7 Payee address City, State, Zip Code
245.60 ☒ Reimbursement from political contributions intended	8877 Inkster Rd Taylor MI 48180

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	Rack Cards

Date	Payee name
8/31/14	Facebook

Amount ($)	Payee address City, State, Zip Code
34.49 ☒ Reimbursement from political contributions intended	1601 Willow Rd Menlo Park CA 94025

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	Ad Boost

Date	Payee name
9/7/14	Signs on the Cheap

Amount ($)	Payee address City, State, Zip Code
381.77 ☒ Reimbursement from political contributions intended	11550 Stonehollow Dr Austin TX 78758

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Advertising Expense	Yard Signs

Date	Payee name
9/22/14	HELP.US / Putting with your Polititian

Amount ($)	Payee address; City, State Zip Code
250.00 ☒ Reimbursement from political contributions intended	4833 Saratoga #447 Corpus Christi TX 78413

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Event Expense	Fairway Sign

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3 of 3	Eldon D McQueen	

4 Date	5 Payee name
9/23/14	Discount Mugs

6 Amount ($)	7 Payee address City, State, Zip Code
245.60 ☒ Reimbursement from political contributions intended	12610 NW 115 Ave Medley, FL 33178

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Advertising	Shirts

Date	Payee name
Amount ($) ☐ Reimbursement from political contributions intended	Payee address City, State, Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) / Description (If travel outside of Texas, complete Schedule T)

Date	Payee name
Amount ($) ☐ Reimbursement from political contributions intended	Payee address City, State, Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) / Description (If travel outside of Texas, complete Schedule T)

Date	Payee name
Amount ($) ☐ Reimbursement from political contributions intended	Payee address City, State Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) / Description (If travel outside of Texas, complete Schedule T)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME: Eldon D. McQueen

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#) / 6 Contributor address City State Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	NONE	Ø	Ø
		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	NONE	Ø	Ø
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	NONE	Ø	Ø
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	NONE	Ø	Ø
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#) / Contributor address City State Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	NONE	Ø	Ø
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B 1

2 FILER NAME Eldon D. McQueen

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) NONE 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
		Ø	Ø

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) NONE Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		Ø	Ø

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) NONE Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		Ø	Ø

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) NONE Pledgor address City, State, Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		Ø	Ø

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) NONE Pledgor address City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
		Ø	Ø

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Eldon D. McQueen

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $ Ø

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender: NONE ☐ out-of-state PAC (ID#)

8 Lender address, City, State, Zip Code

9 Loan Amount ($): Ø

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral ☐ none

15 Check if personal funds were deposited into political account ☐

16 GUARANTOR INFORMATION ☐ not applicable

17 Name of guarantor: NONE

18 Guarantor address, City, State, Zip Code

19 Amount Guaranteed ($): Ø

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Is lender a financial institution? Y N

Name of lender: NONE ☐ out-of-state PAC (ID#)

Lender address, City, State, Zip Code

Loan Amount ($): Ø

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

Check if personal funds were deposited into political account ☐

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor: NONE

Guarantor address, City, State, Zip Code

Amount Guaranteed ($): Ø

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.