

# 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) 00088263		2 Total pages filed: 25	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST John W.	MI		
	NICKNAME	LAST McQueeney	SUFFIX		
			<b>OFFICE USE ONLY</b>		
			Date Received ELECTRONICALLY FILED 07/15/2025		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 100458  Fort Worth, TX 76185		ZIP CODE		
			Date Hand-delivered or Date Postmarked		
			Receipt #		Amount
			Date Processed		
		Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jay	MI		
	NICKNAME	LAST O'Jibway	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 316 Bailey Ave.  Fort Worth, TX 76107		APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(817)	975-9110			
8 REPORT TYPE	<input 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 checked="" 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	THROUGH	Month Day Year
		01/01/2025			06/30/2025
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) State Representative District 97 Tarrant			12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> McQueeney, John W. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088263
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

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)	\$ 112,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 60,731.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 260,937.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 167,470.00

**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.

The Honorable John W. McQueeney  
 \_\_\_\_\_  
 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
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**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> McQueeney, John W. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00088263
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 112,800.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 17,370.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 60,731.76
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/11 Rpt: 4/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76126	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Purchasing		<b>9</b> Employer (See Instructions) Enhabit Home Health
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Trevor (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Allocator		Employer (See Instructions) MCap Equity
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanton, Lori <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Owner / Operator		Employer (See Instructions) Self
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DTH Strategies <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana, Osman (Mr.) <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) McDonalds

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/11 Rpt: 5/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delisi Communications PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickey, Lila <hr/> Contributor address; City; State; Zip Code  Little Rock, AR 72222	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobski, Anthony <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Owner / Operator		Employer (See Instructions) Didak Inc.
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobski, Thomas (Mr.) <hr/> Contributor address; City; State; Zip Code  Lawrence, KS 60047	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) McDonalds
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Energy Transfer Partners Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/11 Rpt: 6/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erben & Yarbrough <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Augie (Mr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Franchise Owner/Operator		Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Jimmy (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Food Service		Employer (See Instructions) MAXTAB
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilchrist, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) New vehicle dealer		Employer (See Instructions) Gilchrist Automotive
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulf States Toyota State PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77077	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/11 Rpt: 7/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes II, Richard E (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Trevino Haynes, PLLC
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillco PAC Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Richard (Mr.) Contributor address; City; State; Zip Code  Winchester, ME 01890	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) McDonalds
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzheuser, Craig Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Cornerstone Government Affairs
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HomePAC of Texas Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/11 Rpt: 8/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Lee A (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Maverick Homes
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Independent Insurance Agents of Texas PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78768	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaHood, Marc <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) LaHood Law PLLC
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaHood, Marc <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$2,600.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) LaHood Law PLLC



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/11 Rpt: 9/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76107	<b>7</b> Amount of Contribution (\$) \$10,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Attorneys at Law <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutito, Ed (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machado, Nishant <hr/> Contributor address; City; State; Zip Code  Playa Vista, CA 90094	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marasco, Danielle <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Didak Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/11 Rpt: 10/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minnis, Oliver (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lawrence, KS 66044	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Co-Owner		<b>9</b> Employer (See Instructions) Stephens Real Estate
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Montgomery C (Mr.) <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Moore Jewelers
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moroch, Tom <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Chairman Emeritus		Employer (See Instructions) Moroch
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Texas Automobile Dealers PAC <hr/> Contributor address; City; State; Zip Code  Irving, TX 75062	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/11 Rpt: 11/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oquin, Anna (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78520	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) QSR		<b>9</b> Employer (See Instructions) McDonalds
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phenix, Billy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78746	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Phenix Saenz LLC
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Gideon <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75225	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Retzer, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  Little Rock, AR 72207	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) The Retzer Group
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Electric Coops PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/11 Rpt: 12/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santa Cruz Properties LLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78541	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75220	Amount of Contribution (\$)  \$2,600.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Sewell Auto Group
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell III, Carl <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205	Amount of Contribution (\$)  \$2,600.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Sewell Automotive Companies
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Springer, Lydia <hr/> Contributor address; City; State; Zip Code  Muenster, TX 76252	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Development		Employer (See Instructions) Ft Worth Diasis
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/11 Rpt: 13/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Beverage Alliance <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Manufactured Housing Association PAC Contributor address; City; State; Zip Code  Austin, TX 78759	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upchurch, Brent (Mr.) Contributor address; City; State; Zip Code  Sea Ranch Lakes, FL 33308	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard W Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Weekley Properties

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/11 Rpt: 14/25
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Mark <hr/> Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Williams Public Affairs
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woolf, Jordan <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Restaurant		Employer (See Instructions) Self Employed

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/3 Rpt: 15/25	
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 01/03/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueeney, John (Mr.)		<b>9</b> Loan Amount (\$) \$2,895.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Fort Worth, TX 76185		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Self		<b>13</b> Employer (See Instructions) Self	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 02/03/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueeney, John (Mr.)		Loan Amount (\$) \$2,895.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Fort Worth, TX 76185		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 2/3 Rpt: 16/25	
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 03/02/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueeney, John (Mr.)		<b>9</b> Loan Amount (\$) \$2,895.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Fort Worth, TX 76185		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Self		<b>13</b> Employer (See Instructions) Self	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 04/04/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueeney, John (Mr.)		Loan Amount (\$) \$2,895.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Fort Worth, TX 76185		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	



# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 3/3 Rpt: 17/25	
<b>2</b> FILER NAME McQueeney, John W. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00088263	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 05/04/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueeney, John (Mr.)		<b>9</b> Loan Amount (\$) \$2,895.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Fort Worth, TX 76185		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Self		<b>13</b> Employer (See Instructions) Self	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 06/03/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) McQueeney, John (Mr.)		Loan Amount (\$) \$2,895.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Fort Worth, TX 76185		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 18/25	<b>2</b> FILER NAME McQueeney, John W. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 06/26/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$60.60	<b>7</b> Payee address; City; State; Zip Code 1920 McKinney Ave., 7th Floor  Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/14/2025	Payee name Capitol Giftshop	
Amount (\$) \$129.90	Payee address; City; State; Zip Code 1100 Congress Ave  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2025	Payee name Coover, Tyler	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 8606 Mesa Drive  Austin, TX 78759	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages
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.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 19/25	<b>2</b> FILER NAME McQueeney, John W. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 04/04/2025	<b>5</b> Payee name Coover, Tyler	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 8606 Mesa Drive  Austin, TX 78759	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Coover, Tyler		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 8606 Mesa Drive  Austin, TX 78759	
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 Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Coover, Tyler		
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 8606 Mesa Drive  Austin, TX 78759	
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 Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 20/25	<b>2</b> FILER NAME McQueeney, John W. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 05/21/2025	<b>5</b> Payee name Farrell Gjesdal Strategy Group	
<b>6</b> Amount (\$) \$19,796.40	<b>7</b> Payee address; City; State; Zip Code 4040 Hwy 6, Ste 200  College Station, TX 77845	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name Frost Bank	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 6115 Camp Bowie Blvd.  Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name Frost Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 6115 Camp Bowie Blvd.  Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 21/25	<b>2</b> FILER NAME McQueeney, John W. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 01/31/2025	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$5.00	<b>7</b> Payee address; City; State; Zip Code 6115 Camp Bowie Blvd.  Fort Worth, TX 76116	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2025	Payee name HEB	
Amount (\$) \$28.96	Payee address; City; State; Zip Code 646 S Flores Street  San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food & Beverage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name HEB	
Amount (\$) \$19.62	Payee address; City; State; Zip Code 646 S Flores Street  San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food - Beverage
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.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 22/25	<b>2</b> FILER NAME McQueeney, John W. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 05/21/2025	<b>5</b> Payee name Jamarik, Annie	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1300 Perez Street  Austin, TX 78721	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2025	Payee name Jamarik, Annie	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1300 Perez Street  Austin, TX 78721	
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 Wages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2025	Payee name Jamarik, Annie	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1300 Perez Street  Austin, TX 78721	
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 Wages
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.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 23/25	<b>2</b> FILER NAME McQueeney, John W. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 02/06/2025	<b>5</b> Payee name Jamarik, Annie	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1300 Perez Street  Austin, TX 78721	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2025	Payee name Mammoth Marketing Group	
Amount (\$) \$10,437.18	Payee address; City; State; Zip Code 4500 Bissonnet  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2025	Payee name Mammoth Marketing Group	
Amount (\$) \$1,512.25	Payee address; City; State; Zip Code 4500 Bissonnet  Bellaire, TX 77401	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
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.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 24/25	<b>2</b> FILER NAME McQueeney, John W. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 04/18/2025	<b>5</b> Payee name Norfleet Strategies	
<b>6</b> Amount (\$) \$4,500.00	<b>7</b> Payee address; City; State; Zip Code 504 W 12th St  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2025	Payee name Norfleet Strategies	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 504 W 12th St  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2025	Payee name Ryan Data & Research	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code PO Box 202675  Austin, TX 78720	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Expense
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.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 25/25	<b>2</b> FILER NAME McQueeney, John W. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00088263
<b>4</b> Date 04/08/2025	<b>5</b> Payee name VAN BIBBER, DEBBIE (Ms.)	
<b>6</b> Amount (\$) \$700.00	<b>7</b> Payee address; City; State; Zip Code 12609 Dessau Rd., Lot 519  Austin, TX 78754	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/14/2025	Payee name Walgreens	
Amount (\$) \$58.35	Payee address; City; State; Zip Code 4501 Guadalupe Street  Austin, TX 78751	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food Purchase
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2025	Payee name Williams, James	
Amount (\$) \$12,863.50	Payee address; City; State; Zip Code  TX	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held