FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. McQueen for Congress 110 e houston st ADDRESS (number and street) 7th Floor (Check if address is changed) san antonio 78205 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mcqueenforcongress@gmail.com is changed) Optional Second E-Mail Address aerotde@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) mcqueenforcongress.com (Check if address is changed) DATE 03 2021 C00715896 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer McQueen, Eldon,, Date 80 28 2023 Signature of Treasurer McQueen, Eldon, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FEC Form 1 (Revised 03/2022) | ge 2 | | | | |
|--|--------------|--|--|--|--|
| TYPE OF COMMITTEE: | | | | | |
| Candidate Committee: | | | | | |
| (a) This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candida information below.) | ate | | | | |
| Name of Candidate | | | | | |
| Candidate Office Sought: House Senate President | - | | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | Ct | | | | |
| Name of Candidate | | | | | |
| Party Committee: (d) This committee is a NAT (National, State or subordinate) committee of the IDP (Democratic, Republican, etc.) Party Committee: | rty | | | | |
| Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | zation is a: | | | | |
| Corporation Corporation w/o Capital Stock Labor Organization | on | | | | |
| Membership Organization Trade Association Cooperative | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| (g) This committee is an independent expenditure-only political committee (Super PAC). | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| Joint Fundraising Representative: | | | | | |
| (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | | |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | | |
| Committees Participating in Joint Fundraiser | | | | | |
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| V | /rite or Type Committee Name | | |
| | McQueen for Co | ngress | |
| 6. | Name of Any Connected O | rganization, Affiliated Committee, Joint Fundraising Representative, or Le | eadership PAC Sponsor |
| | NONE | | |
| | | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization | Leadership PAC Sponso |
| 7. | Custodian of Records: Ident books and records. | ify by name, address (phone number optional) and position of the person in po | ossession of committee |
| | McQueen, | Eldon, | |
| | Full Name | | |
| | Mailing Address | 110 e houston st | |
| | | 7th Floor | |
| | | san antonio TX 7 | 78205 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | candidate | Telephone number | 236 2621 |
| 3. | Treasurer: List the name an any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and assistant treasurer). | the name and address of |
| | Full Name McQueen, of Treasurer | Eldon, , , | |
| | Mailing Address | 110 e houston st | |
| | | 7th Floor | |
| | | san antonio TX 7 | ⁷ 8205 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | | Telephone number | _ 236 2621 |

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|-------------------------|---|-------------------|------------------------------|
| Full Name of Designated | | | |
| Agent | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Telephone r | number | |
| | Depositories: List all banks or other depositories in which the comm xes or maintains funds. | nittee deposits f | funds, holds accounts, rents |
| Name of Bank, [| Depository, etc. | | |
| | Well Fargo | | |
| Mailing Address | 420 Montgomery Street | | |
| | | | |
| | San Francisco | CA | 94104 |
| | CITY A | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, [| Depository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |