

# 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

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR

DALE

T

NICKNAME

LAST

SUFFIX

McQueen

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

738 E FM 1396 Iwahoo TX 75447

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

227-9020

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

DALE

McQueen

NICKNAME

LAST

SUFFIX

## OFFICE USE ONLY

Date Received 01-14-26

by Angela Frozin

Date Hand-delivered or Date Postmarked

01-14-26

Receipt #

Amount \$

Date Processed

01-14-26

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #

CITY

STATE

ZIP CODE

738 E FM 1396 Iwahoo TX 75447

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

227-9020

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 Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

10 / 27 / 2025

THROUGH

Month

Day

Year

12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 2026

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fannin County Treasurer

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

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>DALE McQueen</u>		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)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>Ø</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>Ø</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,500<sup>00</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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, 75442.  
 (street) (city) (state) (zip code) (country)  
 Executed in Fannin County, State of Texas, on the 13 day of January, 20 26.  
 (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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>1</b>
2 FILER NAME <b>DALE McQueen</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>12-10-2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DALE McQueen</b>	9 Loan Amount (\$) <b>1,500<sup>00</sup></b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>738 E FM 1396 Ioanhuo TX 75447</b>	10 Interest rate <b>Ø</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>Manager</b>		13 Employer (See Instructions) <b>Bois D'Arc MUD</b>
14 Description of Collateral <b>none</b>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.		