

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: 9/1/10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Michael	MI E.
	NICKNAME	LAST McLelland	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 304 Walnut St Box 671	APT / SUITE #:	CITY: STATE: ZIP CODE Terrell TX 75160
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: PHONE NUMBER: EXTENSION: (214) 236-1616		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST Michael	MI E.
	NICKNAME	LAST McLelland	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE 304 Walnut St, Terrell TX 75160
	8 CAMPAIGN TREASURER PHONE AREA CODE: PHONE NUMBER: EXTENSION: (214) 236-1616		
9 REPORT TYPE			
<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED			
Month Day Year THROUGH Month Day Year 7 / 1 / 10 THROUGH 12 / 31 / 10			
11 ELECTION			
ELECTION DATE PA ELECTION TYPE Month Day Year 7 / 15 / 10 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE		13 OFFICE SOUGHT (if known)	
OFFICE HELD (if any) Crim Dist Attorney			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS			
DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.			
Name N/A			
Address / PO Box: Apt. / Suite #: City: State: Zip Code			
<input type="checkbox"/> additional pages			

OFFICE USE ONLY

Date Received

Date Hand-Delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

FILE FOR RECORD
KAUFMAN CO. TEXAS
2011 JAN 18 AM 0:07
LARA A. BROWN
COUNTY CLERK

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <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. 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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5100 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 37194.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 32,094.05

19 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

Mike McLelland

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mike McLelland, this the 18th day of January, 20 11, to certify which, witness my hand and seal of office.

Michelle Stambaugh Michelle Stambaugh Notary,
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath
State of Texas

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Michael E. McLelland</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>3-12-10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Royce + Wendy Rhodes</i> 6 Contributor address: City: State: Zip Code <i>Box 26 Kaufman TX 75142</i>	7 Amount of contribution (\$) <i>\$1500⁰⁰</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <i>Manager</i>		10 Employer (See Instructions) <i>Thomas Security Services</i>	
Date <i>3-7-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bruce Bryant</i> Contributor address: City: State: Zip Code <i>211 Collins Dr Terrell, TX 75160</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Police Officer</i>		Employer (See Instructions)	
Date <i>3-26-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>LEN LEEK</i> Contributor address: City: State: Zip Code <i>6939 Oak Manor, Dallas TX 75230</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Businessman</i>		Employer (See Instructions) <i>Self</i>	
Date <i>3-30-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ken Schoen</i> Contributor address: City: State: Zip Code <i>115 Leighton, Terrell TX 75160</i>	Amount of contribution (\$) <i>\$100 -</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>BUSINESSMAN</i>		Employer (See Instructions) <i>Self</i>	
Date <i>4-5-10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carl Thomas</i> Contributor address: City: State: Zip Code <i>Box 883 Kaufman TX 75142</i>	Amount of contribution (\$) <i>\$900⁰⁰</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>BUSINESSMAN - Security Firm</i>		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

7 Jul 10 Revised 06/27/2008

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

Michael E. McLelland

3 ACCOUNT # (Ethics Commission Mers)

4 Date

3 June 10

5 Full name of contributor out-of-state PAC (ID# _____)

Guest Law Firm

6 Contributor address, City, State, Zip Code

201 W Mulberry St.
Kaufman TX 75142

7 Amount of contribution (\$)

\$ 200⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3 June 10

Full name of contributor out-of-state PAC (ID# _____)

Scott Gray

Contributor address, City, State, Zip Code

11912 FM 740
Forney TX 75126

Amount of contribution (\$)

\$ 200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3 June 10

Full name of contributor out-of-state PAC (ID# _____)

Rothwell B. Pool

Contributor address, City, State, Zip Code

408 W. Nash
Terrell TX 75160

Amount of contribution (\$)

\$ 250⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3 June 10

Full name of contributor out-of-state PAC (ID# _____)

Michael Miller

Contributor address, City, State, Zip Code

3767 McMillan Apt 102
Dallas TX 75206

Amount of contribution (\$)

\$ 200⁰⁰

In-kind contribution description (if applicable)

(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 (\$)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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7 June 10

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The instruction Guide explains how to complete this form. 1 Total pages Schedule G

2 FILER NAME *Michael R. McLelland* 3 ACCOUNT # (Ethics Commission file)

4 Date <i>2-5-10</i>	5 Payee name <i>Terrell Tribune + Rack</i> 6 Payee address: City: State: Zip Code <i>9th St Terrell TX 75160</i>	8 Amount (\$) <i>\$315⁰⁰</i>
7 Purpose of expenditure (See instructions regarding type of information required.) <i>News paper ad</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>2-6-10</i>	Payee name <i>Media ONE LLC</i> Payee address: City: State: Zip Code <i>Maybank Texas</i>	Amount (\$) <i>\$354⁷⁵</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Ads</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>2-22-10</i>	Payee name <i>Kaufman Herald</i> Payee address: City: State: Zip Code <i>Kaufman Tex.</i>	Amount (\$) <i>\$319⁷³</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Ads</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>2-23-10</i>	Payee name <i>Forney Messenger</i> Payee address: City: State: Zip Code <i>Broad Street, Forney TX</i>	Amount (\$) <i>\$126⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4-2-10</i>	Payee name <i>Majority Designs</i> Payee address: City: State: Zip Code <i>OKlahoma City, OKlahoma</i>	Amount (\$) <i>4217⁷³</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Advertising</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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7 Jul 10

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Michael E. McLelland</i>		3 ACCOUNT # (Ethics Commission Item)
4 Date <i>6 Jan 10</i>	5 Payee name <i>Texas Bulletins</i> Payee address: City: State: Zip Code	6 Amount (\$) <i>\$3095⁰⁰</i>
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Billboard</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>6 Jan 10</i>	Payee name <i>Clear Channel Outdoor</i> Payee address: City: State: Zip Code	Amount (\$) <i>\$2800⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Billboard</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>11 Feb 10</i>	Payee name <i>CAS Management Ltd.</i> Payee address: City: State: Zip Code	Amount (\$) <i>7008.17</i> <i>\$13,932.18</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Mailers</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>20 Jan 10</i>	Payee name <i>Berry Communications</i> Payee address: City: State: Zip Code	Amount (\$) <i>\$1,000⁰⁰</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Survey</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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7 Jul 10

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The instruction Guide explains how to complete this form. 1 Total pages Schedule G

2 FILER NAME *Michael E. McLellan* 3 ACCOUNT # (Ethics Commission News)

4 Date <i>4-2-10</i>	5 Payee name <i>Front Porch strategies</i> 6 Payee address City, State, Zip Code <i>Columbus Ohio</i>	8 Amount (\$) <i>6499.34</i>
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Advertising</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>5-3-10</i>	Payee name <i>Tennell Tribune</i> Payee address: City, State, Zip Code <i>Tennell, TX 75160</i>	Amount (\$) <i>2463.27</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>advertising</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>3-7-10</i>	Payee name <i>Renfro Graphics</i> Payee address: City, State, Zip Code <i>Tennell, TX 75160</i>	Amount (\$) <i>789.14</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>political signs - yard signs</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>4-14-10</i>	Payee name <i>Todd Smith + Associates</i> Payee address: City, State, Zip Code <i>Austin, TX</i>	Amount (\$) <i>5500.00</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>mailers</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>1-31-10</i>	Payee name <i>John Cook</i> Payee address City, State, Zip Code <i>Tennell, TX 75161</i>	Amount (\$) <i>600.00</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>Advertising</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.	1 Total pages Schedule G
2 FILER NAME <i>Michael E. McLelland</i>	3 ACCOUNT # (Ethics Commission Refs)

4 Date <i>2-9-10</i>	5 Payee name <i>Wishlist Distributors</i> 6 Payee address: City, State, Zip Code <i>Austin, Tx.</i>	8 Amount (\$) <i>412.38</i>
7 Purpose of expenditure (See instructions regarding type of information required.) <i>pushcards - advertising</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>3-27-10</i>	Payee name <i>R+R signs</i> Payee address: City, State, Zip Code <i>Kemp, Tx</i>	Amount (\$) <i>185.90</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>political signs</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>5-10-10</i>	Payee name <i>Tennell Tarbure</i> Payee address: City, State, Zip Code <i>Tennell Tx 75160</i>	Amount (\$) <i>583.63</i>
Purpose of expenditure (See instructions regarding type of information required.) <i>advertising</i> (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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2 FILER NAME Michael E. McLELAND		3 ACCOUNT (Political Committee Name)	
4 Date 29 Jun 10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Nathan Foreman	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1213 VIA BALBOA MESQUITE TX 75150		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) Policeman	10 Employer (See Instructions) City of Dallas
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Date 25 Jan 10	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) BYRON or Sara Parker	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 500 South Center Street Forney TX 75126		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) INNKeeper	Employer (See Instructions) self
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Date 28 Jan 10	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Todd + Melanie Barton	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 7308 Parkshire Dallas TX 75231		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Dallas County
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Date 31 Jan 10	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Len Leek	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 6939 Oak Manor Dr.		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Advertising	Employer (See Instructions) self
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Date 17 Jan 10	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Randy Lockhead	Amount of contribution (\$) \$250⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 19429 FM 429 Terrell TX 75161		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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7 Jul 10