


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Rob McClelland 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,460
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,367.20
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	\$ 1,093

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.


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 Robert McClelland, and my date of birth is January 21, 1982.
My address is 121 Pagosa CT, Austin, Tx, 78737, USA.
(street) (city) (state) (zip code) (country)
Executed in Hays County, State of Texas, on the 06 day of April, 2023.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Rob McKelland</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,460
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,367.20
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 10
2 FILER NAME Rob McKelland		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Allsbrook	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 219 Clear Pond Austin TX 78727		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Kerr	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 251 Lexington Austin TX 78727		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Hauerland	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 120 Holly Austin TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Werner	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 194 Spanish Star Pippin Springs 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 10
2 FILER NAME Rob McKelland		3 Filer ID (Ethics Commission Filers)
4 Date 2/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angie McDowell	7 Amount of contribution (\$) 2,000
6 Contributor address; City; State; Zip Code 154 Cross Creek Dr. Potts Springs, TX 78670		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin Zoerner	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code 378 Nicholas Lane Duffwood, TX 78619		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent Gomez	Amount of contribution (\$) 200
Contributor address; City; State; Zip Code 13487 Mesa Verde Austin TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J Brandon Foster	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 131 Empire CT Austin TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:
2 FILER NAME <i>Rob McCelland</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/4/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Horizon Entertainment</i>	7 Amount of contribution (\$) <i>250</i>
6 Contributor address; City; State; Zip Code <i>1746 Dayridge Dr Droppys Springs TX 78620</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Dudio</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>134 Bridge West Droppys Springs 78620</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Audrey Atkins</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>326 Bright St, Austin TX 78737</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jordan Kelly</i>	Amount of contribution (\$) <i>250</i>
Contributor address; City; State; Zip Code <i>116 Bluff Woods Driftwood, TX 78619</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 10
2 FILER NAME Rob McKelland		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Mysl	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 296 Catalina Drapping Austin TX 78739		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Terry	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 663 July Johnson Austin TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Vaughn	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code 499 Rocky Spot Austin TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Schwarzlose	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 111 Easty St. Drapping Springs TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 10
2 FILER NAME Rob McClelland		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Field	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 131 Mount Ord Dr, Dripping Springs, TX 78620		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nich Boyd	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 301 Brownsou Lane Driftwood, TX 78619		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Englehart	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 529 Burkner Ranch Dripping Springs TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Wilson	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 615 Courts Estab, Dripping Springs TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 10
2 FILER NAME Rob McCellan		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Clarke	7 Amount of contribution (\$) 150
6 Contributor address; City; State; Zip Code 418 Merion Dr Austin TX 78737		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Cushman	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 181 Granite Lane Austin TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Stanford	Amount of contribution (\$) 750
Contributor address; City; State; Zip Code 9304 San Lucas Austin TX 78745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Herzog	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code Bottom Creek Rd Dropping Springs TX, 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 10
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay Bauerle 6 Contributor address; City; State; Zip Code 421 Hudson Ln Dripping Springs TX 78620	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanda DeLeon Contributor address; City; State; Zip Code 172 Smokey Jones Ave Austin TX 78737	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/22/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Clemp Contributor address; City; State; Zip Code 300 Wincup Austin TX 78737	Amount of contribution (\$) 80 RAN 80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Hansen Contributor address; City; State; Zip Code 185 Wynnpass Dripping Springs, TX 78620	Amount of contribution (\$) 46
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 10
2 FILER NAME Rob McCallan		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Byron	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 1747 Hedweters Drapping Spring 78620		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay Heintz	Amount of contribution (\$) 20
Contributor address; City; State; Zip Code 240 Cistern Way Austin TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Fleece	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 169 McArthur Drapping Spring 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Manny Valasquez	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code Pajosa Ct Austin, TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 10
2 FILER NAME Rob McChilla		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Kainis	7 Amount of contribution (\$) 1,000
	6 Contributor address; City; State; Zip Code Harris Drive Austin TX 78707	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler Nowlin	Amount of contribution (\$) 250
	Contributor address; City; State; Zip Code 191 Tabasa Austin, TX 78737	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Saul	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code Pagosa CT Austin, TX 78737	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Griffin	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 197 N Sage Hd Drilling Spgs, TX 78620	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:
10

2 FILER NAME Rob McCellan 3 Filer ID (Ethics Commission Filers)

4 Date <u>3/18/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Debi Short</u>	7 Amount of contribution (\$) <u>100</u>
6 Contributor address; City; State; Zip Code <u>6803 Cactus Cross Austin TX 78727</u>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>2/2/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charlie Wilson</u>	Amount of contribution (\$) <u>200</u>
Contributor address; City; State; Zip Code <u>12942 Mesa Verde Austin TX 78727</u>		

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Rob McClelland	3 Filer ID (Ethics Commission Filers)
---------------------------------	--------------------------------	---------------------------------------

4 Date 2/21 & 3/31 2023	5 Payee name Grapevine Signs
----------------------------	---------------------------------

6 Amount (\$) 3,362.50	7 Payee address; City; State; Zip Code 222 US 290 Dripping Springs, TX 78620
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/24/23	Payee name City of Dripping Springs
-----------------	--

Amount (\$) 2,500	Payee address; City; State; Zip Code 511 W. Mercu St. Dripping Springs TX 78620
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Founder's Day Festival Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/28/23	Payee name Vista Print
-----------------	---------------------------

Amount (\$) 133.68 RM 980.87	Payee address; City; State; Zip Code Lexington, Massachusetts
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Printing	Description Campaign Flyers & magnets
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 2 FILER NAME Rob McClelland 3 Filer ID (Ethics Commission Filers)

4 Date 3/1/23 5 Payee name Keep Dreaming Creative

6 Amount (\$) \$1,300.00 7 Payee address; City; State; Zip Code
8715 W. Highway 71 #3308 Austin, TX 78735

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) <u>Contract Labor</u>	(b) Description <u>Graphic Design / Website Development</u>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/24/23 Payee name Hays Co Republican Women

Amount (\$) 150.00 Payee address; City; State; Zip Code
1450 W Hy 290 #169A Dripping Springs TX 78620

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>Easter Event Sponsorship</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/24/23 Payee name Imprint

Amount (\$) 285.00 Payee address; City; State; Zip Code
295 Lafayette St. New York

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>shirts) Buttons/Door Hangers</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Rob Meckelland	3 Filer ID (Ethics Commission Filers)
---------------------------------	--------------------------------	---------------------------------------

4 Date 3/25/23	5 Payee name Costco
-------------------	------------------------

6 Amount (\$) 286.45	7 Payee address; City; State; Zip Code 190 Kelly Ln, Pflugerville, TX 78660
-------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Refreshments for Events
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/26/23	Payee name HEB
-----------------	-------------------

Amount (\$) 118.34	Payee address; City; State; Zip Code 598 E US Hwy 290 Dripping Springs TX 78620
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Food for event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/27/23	Payee name Pure Fresh Ice
-----------------	------------------------------

Amount (\$) 6.00	Payee address; City; State; Zip Code 720 US 290 Dripping Springs TX 78620
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Ice for event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 4	2 FILER NAME Rob McClelland	3 Filer ID (Ethics Commission Filers)
---	---------------------------------------	---------------------------------------

4 Date 3/30/23	5 Payee name 2 Square
--------------------------	---------------------------------

6 Amount (\$) 4.96	7 Payee address; 13210 US 290	City; Dripping Springs TX	State; TX	Zip Code 78620
------------------------------	---	-------------------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Ice for event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/30/23	Payee name Pizza Cave
------------------------	---------------------------------

Amount (\$) 210.90	Payee address; 2690 US 290	City; Dripping Springs TX	State; TX	Zip Code 78620
------------------------------	--------------------------------------	-------------------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Food for campaign Event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/24/23	Payee name Banner Buzz
------------------------	----------------------------------

Amount (\$) 161.24	Payee address; 595 Old Norcross Rd	City; Lawrenceville, Ga	State; GA	Zip Code 30046
------------------------------	--	-----------------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Banners
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED