

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 5075

### 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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE  
FIRST MI  
*Richard T*  
NICKNAME LAST SUFFIX  
*McCain*

OFFICE USE ONLY

Date Received  
**FILED**  
02 FEB 13 AM 9:34  
BANK DEPARTMENT  
COMMUNITY CLERK  
TRAVIS COUNTY, TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
*P.O. Box 93042 Austin Tx 78709*

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI  
*Young O*  
NICKNAME LAST SUFFIX  
*McCain*

Receipt #  
HO / PM Amount  
Date Processed  
Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
*13492 Research Blvd #160 Austin Tx 78750*

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(512) 918-8012*

8 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (officeholder only)  
 July 15  8th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year  
*01/16/2002* THROUGH *02/11/2002*

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
*3/12/2002*  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

*Travis County Judge*

\*\* 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

Address / PO Box APT / Suite # City State Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Richard T McCain*

15 ACCOUNT # (Ethics Commission Here)

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes political expenditures 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

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

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)

\$ 1,200.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,496.31

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4,496.31

19 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.

*Richard T McCain*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard T McCain this the 13th day of February 2002, to certify which, witness my hand and seal of office.

*Armando R Martinez* Armando R Martinez Office Specialist

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages this Schedule A1:  
1-2

2 FILER NAME Richard T McCain 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/16/02</u>	5 Full name of contributor <u>Tok-Hui Christine</u> <input checked="" type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <u>\$ 20.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>130 B Hickory Lane Eglin AFB, FL 32542</u>			

9 Principal occupation (Optional) 10 Employer (Optional)

Date <u>1/16/02</u>	Full name of contributor <u>Han Yang Nore bang</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$ 20.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5501 N. Lamar Blvd #C121 Austin T-X 78751</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>1/20/02</u>	Full name of contributor <u>Yong McCain</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$ 60.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>7100 Grove Crest DR Austin T-X 78736</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>1/25/02</u>	Full name of contributor <u>James Mun</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$ 500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>13492 Research Blvd #160 Austin T-X 78750</u>			

Principal occupation (Optional) Employer (Optional)

Date <u>1/26/02</u>	Full name of contributor <u>Bradley C. Goble</u> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <u>\$ 100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>710 Ellingham DR Katy, T-X 77450</u>			

Principal occupation (Optional) Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/DH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages this Schedule A1:  
22

2 **FILER NAME** *Richard T McCain* 3 **ACCOUNT #** (Ethics Commission filers)

4 <b>Date</b> <i>1/28/02</i>	5 <b>Full name of contributor</b> <i>Chong S. Henry</i> <input type="checkbox"/> out of state PAC	7 <b>Amount of contribution (\$)</b> <i>500.00</i>	8 <b>In-kind contribution description (if applicable)</b>
6 <b>Contributor address; City; State; Zip Code</b> <i>801 Meadow View DR Leander TX 78641</i>			

9 **Principal occupation (Optional)** 10 **Employer (Optional)**

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation (Optional) Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**LOANS**

**SCHEDULE E**

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule E: **1**

2 FILER NAME **Richard T McCain**

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender  out of state PAC  
**Richard T McCain**

9 Loan Amount (\$) **4,496.31**

6 Is lender a financial institution?  
Y      N

8 Lender address;      City;      State;      Zip Code  
**P.O. Box 93040 Austin TX 78709**

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address;      City;      State;      Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender  out of state PAC

Loan Amount (\$)

Is lender a financial institution?  
Y      N

Lender address;      City;      State;      Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;      City;      State;      Zip Code

Principal Occupation

Employer

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1-2

2 FILER NAME Richard T McCain

3 ACCOUNT # (Ethics Commission filers)

4 Date 1-21-2002

5 Payee name Live Leaf Designs

6 Payee address: City: State: Zip Code 2105 N. Mays St Round Rock TX 78664

7 Amount (\$) \$ 3,788.75

8 Purpose of expenditure SIGNS

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

Date 1-21-2002

Payee name Kinko's

Payee address: City: State: Zip Code 16951 FM 1325 Austin TX 78728

Amount (\$) \$ 64.84

Purpose of expenditure Document Creation

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

Date 1-25-2002

Payee name Kinko's

Payee address: City: State: Zip Code 16951 FM 1325 Austin TX 78728

Amount (\$) \$ 177.40

Purpose of expenditure Cards

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

Date 1-26-2002

Payee name Home Depot

Payee address: City: State: Zip Code 5400 Brodie Lane Sunset Valley TX 78745

Amount (\$) \$ 320.44

Purpose of expenditure Supply for signs

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2-2

2 FILER NAME

Richard T M Cain

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Home Depot

7 Amount (\$)

2-9-2002

6 Payee address:

City: State: Zip Code

5400 Brodie Lane Sunset Valley TX 78745

\$ 124.63

8 Purpose of expenditure

Supply signs

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Home Depot

Amount (\$)

2-8-2002

Payee address:

City: State: Zip Code

5400 Brodie Lane Sunset Valley TX 78745

\$ 20.25

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address:

City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address:

City: State: Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED