Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5098

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:

OFFICE USE ONLY

Date Received

FILED
02 MAR -4 PM 12:40
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Richard | MI: T

NICKNAME | LAST: McCain | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Young | MI: O

NICKNAME | LAST: McCain | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 13492 Research Blvd ste #110 | APT / SUITE #: | CITY: Austin | STATE: Tx. | ZIP CODE: 78750

7 CAMPAIGN TREASURER PHONE

AREA CODE: (512) | PHONE NUMBER: 918-5012 | EXTENSION

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: 2 / 12 / 2002 THROUGH Month Day Year: 3 / 4 / 2002

10 ELECTION

ELECTION DATE Month Day Year: 3 / 12 / 2002

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (If any)

12 OFFICE SOUGHT (if known): Travis County Judge

13 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

Address / PO Box; Apt / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Richard T. McCain

15 ACCOUNT # (Ethics Commission filers)

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	$ 0
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,767.40

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 14,263.71

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 4th day of March, 19 2002, to certify which, witness my hand and seal of office.

Mary Ann Carmona — MARY ANN CARMONA — Notary

Signature of officer administering oath — Print name of officer administering oath — Title of officer administering oath

MARY ANN CARMONA
Notary Public, State of Texas
My Commission Expires
AUG. 25, 2004

Revised 06/18/1998

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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 FILER NAME Richard T. McCain

3. ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	☐ out of state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
	N/A		0	

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	☐ out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)

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.

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME Richard T McCann

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	☐ out of state PAC	8 Amount of pledge ($)	9 In-kind description (if applicable)
N/A	N/A			
10 Principal occupation (optional)		11 Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)		
Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out of state PAC	Amount of pledge ($)	In-kind description (if applicable)
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 filers)

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

5 Date of loan 3-3-2002

7 Name of lender Richard T. McCain ☐ out of state PAC

9 Loan Amount ($) 9,767.40

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code P.O. Box 93042 Austin, TX. 78709

10 Interest rate

11 Maturity date

12 Description of Collateral ☑ none

13 GUARANTOR INFORMATION ☑ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

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 ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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.

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME Richard T. McCain

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2-15-2002	Time Warner Cable Austin 12012 N. MoPac Expressway Austin Tx. 78758	$7,240.00

8 Purpose of expenditure: Advertisement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-16-02	Austin Koffeine Association	100.00

Purpose of expenditure: Donation

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-16-2002	CompUSA #190 5601 S. Brodie Ln. #800 Austin Tx. 78745	57.10

Purpose of expenditure: Office Supply

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-18-2002	Oak Hill Gazette 7200 B. Hwy 71 west Austin Tx. 78735	686.40

Purpose of expenditure: Advertisement

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME: Richard T. McCain

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2-18-2002	Travis County Democratic Party	1,500.00

8 Purpose of payment (See instructions regarding type of information required.): Advertisement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-21-02	Kinko's 16951 FM 1325 Austin TX. 78728	177.40

Purpose of payment (See instructions regarding type of information required.): Advertisement

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-22-02	Mail Boxes ETC. 13492 Research Blvd. ste 120 Austin TX. 78750	$16.50

Purpose of payment (See instructions regarding type of information required.): Copies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

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

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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

5 Date of loan

6 Is lender a financial institution? Y N

7 Name of lender ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral

[ ] none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Is lender a financial institution? Y N

Name of lender [ ] out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

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.