

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5849

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

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

MR

FIRST

Richard

MI

T

NICKNAME

Mc Cain

LAST

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

7100 GROVE CREST DR

AUSTIN TX, 78736

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 294-3421

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

MR

FIRST

Richard

MI

T

NICKNAME

Mc Cain

LAST

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

7100 GROVE CREST DR AUSTIN, TX. 78736

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 294-3421

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July '5

6th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

07 / 16 / 04

THROUGH

Month Day Year

10 / 02 / 04

11 ELECTION

ELECTION DATE

Month Day Year

11 / 02 / 04

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TRAVIS County Constable Pets

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

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

15 C/OH NAME Richard T McCain 16 ACCOUNT # (Ethics Commission Files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

*** This box is for notice of 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. ***

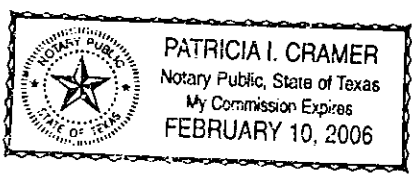
additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

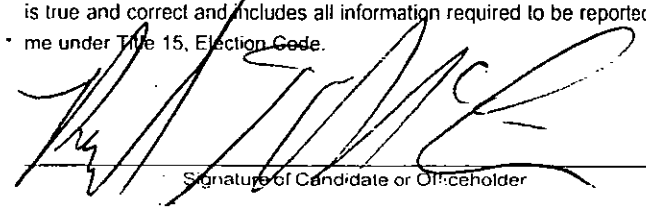
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
	EXPENDITURE TOTALS		
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	2,478.58
	CONTRIBUTION BALANCE		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0	
OUTSTANDING LOAN TOTALS			
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,040.70	

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.



AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Richard T. McCain, this the 5th day of October, 2004, to certify which, witness my hand and seal of office.

Patricia I. Cramer
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E: <u>1</u>
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2 FILER NAME <u>Richard T McCain</u>	3 ACCOUNT # (Ethics Commission files)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒	\$
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5 Date of loan <u>07-28-09</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Richard T McCain</u>	9 Loan Amount (\$) <u>2,478.58</u>
6 Is lender a financial institution? Y <u>N</u>	8 Lender address: City: State: Zip Code	10 Interest rate <u>0%</u>
		11 Maturity date <u>NA</u>

12 Principal occupation / Job title (See Instructions) <u>Deputy Constable / security agent</u>	13 Employer (See Instructions) <u>TRAVIS County & self employed</u>
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14 Description of Collateral <input checked="" type="checkbox"/> none
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15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address: City: State: Zip Code	

19 Principal Occupation	20 Employer
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Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address: City: State: Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Description of Collateral <input type="checkbox"/> none
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address City State Zip Code	

Principal Occupation	Employer
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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 FILER NAME

Richard T McLean

3 ACCOUNT # (Ethics Commission filers)

4 Date

07-28-04

5 Payee name

Designer Graphics

7 Amount (\$)

1,338.71

6 Payee address: City: State: Zip Code

*12404 Hwy 155 South
TYLER, TX. 75703*

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

sign printing

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

8-14-04

Payee name

Oak Hill Printing

Amount (\$)

1,139.57

Payee address: City: State: Zip Code

*6300A West Hwy 290
Austin, TX. 78735*

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

card printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

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