

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**5850**

**FORM C/OH  
COVER SHEET PG 1**

<p><b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b></p>		<p><b>1 ACCOUNT #</b> (Ethics Commission filers)</p>	<p><b>2 Total pages filed:</b> <span style="font-size: 2em; font-weight: bold;">4</span></p>
<p><b>3 CANDIDATE / OFFICEHOLDER NAME</b></p>	<p>MS / MRS / MR: <b>MR</b>      FIRST: <b>Richard</b>      MI: <b>T</b> NICKNAME:      LAST: <b>McCain</b>      SUFFIX:</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>OFFICE USE ONLY</b></p> <p>Date Received: <b>AUG 15 11 17 AM '04</b></p> <p>Date Hand-delivered or Date Postmarked: <b>AUG 17 2004</b></p> <p>Receipt #      Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div>	
<p><b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE</p> <p><b>7100 GROVE CREST DR AUSTIN, TX. 78736</b></p>		
<p><b>5 CANDIDATE / OFFICEHOLDER PHONE</b></p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><b>(512) 294-3421</b></p>		
<p><b>6 CAMPAIGN TREASURER NAME</b></p>	<p>MS / MRS / MR: <b>MR</b>      FIRST: <b>Richard</b>      MI: <b>T</b> NICKNAME:      LAST: <b>McCain</b>      SUFFIX:</p>		
<p><b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE      ZIP CODE</p> <p><b>7100 GROVE CREST DR      Austin, TX.      78736</b></p>		
<p><b>8 CAMPAIGN TREASURER PHONE</b></p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><b>(512) 294-3421</b></p>		
<p><b>9 REPORT TYPE</b></p>	<p> <input type="checkbox"/> January 15      <input type="checkbox"/> 33rd day before election      <input type="checkbox"/> Runoff      <input type="checkbox"/> 5th day after campaign treasurer appointment (officeholder only)  <input checked="" 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)                 </p>		
<p><b>10 PERIOD COVERED</b></p>	<p>Month      Day      Year      THROUGH      Month      Day      Year</p> <p><b>01/16/04      07/15/04</b></p>		
<p><b>11 ELECTION</b></p>	<p>ELECTION DATE:      ELECTION TYPE:</p> <p>Month      Day      Year      <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special</p> <p><b>11/02/04</b></p>		
<p><b>12 OFFICE</b></p>	<p>OFFICE HELD (if any): <b>NA</b></p>	<p><b>13 OFFICE SIGHT (if known)</b> <b>Travis County Constable Pct 3</b></p>	
<p><b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b></p> <p><input type="checkbox"/> additional pages</p>	<p>.. 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. ..</p> <p>Name:</p> <p>Address / PO Box:      Apt / Suite #:      City:      State:      Zip Code</p>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	<u>Richard T McCain</u>	16 ACCOUNT # (Ethics Commission Uses)
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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 \*\*

<input type="checkbox"/> additional pages	<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	\$ 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	\$ 562.12
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	\$ 1,562.12

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]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Richard T. McCain, this the 5<sup>th</sup> 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: 1

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

4 TOTAL OF UNITEMIZED LOANS:         \$

5 Date of loan 04-15-04 7 Name of lender Richard T McCain  out-of-state PAC (ID#: \_\_\_\_\_) 9 Loan Amount (\$) 562.12

6 Is lender a financial institution? Y   (N) 8 Lender address: 7100 GROVE CREST DR City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ 10 Interest rate 0%

11 Maturity date N/A

12 Principal occupation / Job title (See Instructions) Deputy Constable / Security Sgt Travis County TX 13 Employer (See Instructions) Self employed

14 Description of Collateral  none

15 GUARANTOR INFORMATION  not applicable 16 Name of guarantor \_\_\_\_\_ 17 Guarantor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ 18 Amount Guaranteed (\$) \_\_\_\_\_

19 Principal Occupation \_\_\_\_\_ 20 Employer \_\_\_\_\_

Date of loan \_\_\_\_\_ Name of lender \_\_\_\_\_  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) \_\_\_\_\_

Description of Collateral  none

GUARANTOR INFORMATION  not applicable Name of guarantor \_\_\_\_\_ Amount Guaranteed (\$) \_\_\_\_\_ 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 FILER NAME **Richard T McCain**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>01/15/04</b>	5 Payee name <b>CaK Hill Printing</b>	7 Amount (\$) <b>162.37</b>
6 Payee address: City: State: Zip Code <b>6340 Hwy 290 West Austin TX 78735</b>		

8 Purpose of payment (See instructions regarding type of information required.) <b>CARDS</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>03/14/04</b>	Payee name <b>Ballet East Dance Company</b>	Amount (\$) <b>75.00</b>
Payee address: City: State: Zip Code <b>P.O. Box 084138 Austin, TX 78708-4138</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Donation</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>04-15-04</b>	Payee name <b>Master Graphics Finishing Co Inc</b>	Amount (\$) <b>324.75</b>
Payee address: City: State: Zip Code <b>7064 Brentwood Street Austin TX 78752</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Bumper stickers &amp; Labels</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
	Payee address: City: State: Zip Code	

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**